|   | I in this information to identify your case:  |                   |                           |  |
|---|---|-------------------|---------------------------|--|
|   | btor 1 Crystal Shanice Nichols  |                   |                           |  |
| Dah   | First Name Middle Name Last Name  |                   |                           |  |
| 1   | btor 2  ouse if, filing) First Name Middle Name Last Name   |                   |                           |  |
| Unit  | ited States Bankruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI  |                   |                           |  |
|   | se number   |                   | Check if the              |  |
|   |   |                   |                           | •  |
| Off   | ficial Form 106Sum  |                   |                           |  |
| Su  | ımmary of Your Assets and Liabilities and Certain Statistical Informat  | tion              | 12/1                      | 5  |
| infor   | as complete and accurate as possible. If two married people are filing together, both are equally responsormation. Fill out all of your schedules first; then complete the information on this form. If you are filing a refiginal forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. |                   |                           |  |
| Part  | rt 1: Summarize Your Assets   |                   |                           |  |
|   |   |                   | Your asset<br>Value of wh | s<br>nat you own   |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   |                   | \$                        | 0.00   |
|   | 1b. Copy line 62, Total personal property, from Schedule A/B  |                   | \$                        | 8,603.05   |
|   | 1c. Copy line 63, Total of all property on Schedule A/B   |                   | \$                        | 8,603.05   |
| Part  | rt 2: Summarize Your Liabilities  |                   |                           |  |
|   |   |                   |                           | (d)  |
|   |   |                   | Your liabili              | ties   |
|   |   |                   | Your Habili<br>Amount you |  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedul   |                   |                           |  |
| 2.  |   | ile D             | Amount you                | u owe  |
|   | 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedu</i> Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  | ile D             | Amount you                | 7,609.00   |
|   | 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedul Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>               | lle D             | \$\$                      | 7,609.00<br>0.00   |
|   | 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedul Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                                     | lle D             | \$\$                      | 7,609.00<br>0.00<br>17,450.89                            |
| 3.  | 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedul Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                                    | le D bilities \$_ | \$\$                      | 7,609.00<br>0.00<br>17,450.89                            |
| 3.  | 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedul Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                                     | le D bilities \$_ | \$\$                      | 7,609.00<br>0.00<br>17,450.89<br>25,059.89               |
| 3.<br>Part<br>4.  | 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedul Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                                     | le D bilities \$_ | \$\$  \$\$                | 7,609.00  0.00  17,450.89  25,059.89                     |
| 3. Part 4. 5.   | 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedul Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                                     | bilities \$_      | \$\$  \$\$  \$\$          | 7,609.00  0.00  17,450.89  25,059.89  2,347.61  2,345.00 |
| <ul><li>3.</li><li>Part</li><li>4.</li><li>5.</li><li>Part</li></ul>            | 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                                   | bilities \$_      | \$\$  \$\$  \$\$          | 7,609.00  0.00  17,450.89  25,059.89  2,347.61  2,345.00 |
| <ul><li>3.</li><li>Part</li><li>4.</li><li>5.</li><li>Part</li><li>6.</li></ul> | 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedul Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                                    | bilities \$_      | \$\$  \$\$  her schedu    | 7,609.00  0.00  17,450.89  25,059.89  2,347.61  2,345.00 |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

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| Debtor 1 Crystal Shanice Nichols |  | Case number (if known) |  |
|----------------------------------|--|------------------------|--|
|                                  |  |                        |  |

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_1,803.01

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |      |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| <ol> <li>Obligations arising out of a separation agreement or divorce that you did not report as<br/>priority claims. (Copy line 6g.)</li> </ol> | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)   | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

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| Fill in this in   | nformation to identify your                                   | case and this filing:  |  |  |  |
|---|---|--|--|--|--|
| Debtor 1  | Crystal Shanice   | Nichols  |  |  |  |
|   | First Name  | Middle Name  | Last Name  |  |  |
| Debtor 2<br>(Spouse, if filing)   | ) First Name  | Middle Name  | Last Name  |  |  |
|   | s Bankruptcy Court for the:                                   |  |  |  |  |
| United State  | is bankrupicy Court for the.                                  | 300THERN DISTRICT C  | JF WIGGIGGIFFI   |  |  |
| Case number   | er  |  |  |  | ☐ Check if this is an  |
|   |   |  |  |  | amended filing   |
| 0401-1  | E 4004/D  |  |  |  |  |
|   | Form 106A/B   |  |  |  |  |
|   | lule A/B: Prop  |  |  |  | 12/15  |
| think it fits be:   | st. Be as complete and accura<br>more space is needed, attach | ate as possible. If two marrie   | nce. If an asset fits in more than or<br>d people are filing together, both ar<br>n. On the top of any additional page | e equally responsible for su                         | pplying correct  |
| Part 1: Desc  | cribe Each Residence, Buildin                                 | g, Land, or Other Real Estate  | You Own or Have an Interest In   |  |  |
| 1. Do you owi   | n or have any legal or equitabl                               | e interest in any residence, b   | ouilding, land, or similar property?   |  |  |
| ■ No. Go t  | D 10  |  |  |  |  |
| _   | o Part 2. nere is the property?                               |  |  |  |  |
| □ Te3. WI   | iere is the property:   |  |  |  |  |
| Part 2: Desc  | cribe Your Vehicles   |  |  |  |  |
| Do you own,   | , lease, or have legal or eq                                  | uitable interest in any veh  | icles, whether they are register   | red or not? Include any v                            | ehicles you own that   |
| 3. Cars, van  □ No ■ Yes  | s, trucks, tractors, sport u                                  | tility vehicles, motorcycle  | s  |  |  |
| 3.1 Make:   | GMC   | Who has an inter   | est in the property? Check one   | Do not deduct secured cl                             | aims or exemptions. Put                                      |
| Model   | Assalia   | Debtor 1 only  | est in the property? Check one   | the amount of any secure<br>Creditors Who Have Clair | ed claims on Schedule D:                                     |
| Year:   | 2014  | Debtor 2 only  |  | Current value of the                                 | Current value of the   |
|   | ximate mileage:   | Debtor 1 and D   | ebtor 2 only   | entire property?                                     | portion you own?   |
| Other reaffi  | information:  | At least one of  | the debtors and another  |  |  |
| ream  | iriii   | Check if this is (see instructions)  | s community property   | \$7,000.00   | \$7,000.00   |
| Examples:  No Yes  Add the conjugate of | Boats, trailers, motors, pers                                 | onal watercraft, fishing ves you own for all of your er . Write that number here | al vehicles, other vehicles, and sels, snowmobiles, motorcycle activities from Part 2, including any                   | / entries for  | \$7,000.00  Current value of the                             |
|   | ·   |  |  |  | portion you own? Do not deduct secured claims or exemptions. |

Official Form 106A/B Schedule A/B: Property page 1

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| Debtor                                | 1 Crystal Shanice Nichols  | Case number (if known)                      |  |
|---------------------------------------|--|---|--|
|                                       | sehold goods and furnishings  mples: Major appliances, furniture, linens, china, kitchenware                                       |   |  |
| ■ Y                                   | es. Describe   |   |  |
|                                       | Household Goods and Furnishings  |   | \$1,000.00   |
|                                       |  |   |  |
| _                                     | mples: Televisions and radios; audio, video, stereo, and digital equipment<br>including cell phones, cameras, media players, games | ; computers, printers, scanners; music c    | ollections; electronic devices                               |
| ■ N                                   | o<br>es. Describe  |   |  |
| · Calle                               | ectibles of value  |   |  |
|                                       | mples: Antiques and figurines; paintings, prints, or other artwork; books, prother collections, memorabilia, collectibles          | ictures, or other art objects; stamp, coin, | or baseball card collections;                                |
| ☐ Y                                   | es. Describe   |   |  |
| Exai                                  | pment for sports and hobbies  mples: Sports, photographic, exercise, and other hobby equipment; bicycle  musical instruments       | es, pool tables, golf clubs, skis; canoes a | and kayaks; carpentry tools;                                 |
| ■ N                                   | o<br>es. Describe  |   |  |
| <br>10. Fire                          |  |   |  |
| Exa                                   | amples: Pistols, rifles, shotguns, ammunition, and related equipment   |   |  |
| ■ N                                   | o<br>es. Describe  |   |  |
| 11. <b>Clo</b> t<br><i>Exa</i><br>□ N | amples: Everyday clothes, furs, leather coats, designer wear, shoes, acce  | essories                                    |  |
| ■ Y                                   | es. Describe   |   |  |
|                                       | Clothing   |   | \$500.00   |
|                                       |  |   |  |
| ■ N                                   | amples: Everyday jewelry, costume jewelry, engagement rings, wedding ri  | ings, heirloom jewelry, watches, gems, g    | gold, silver   |
| 13. <b>No</b> r                       | n-farm animals   |   |  |
| Exa<br>■ N                            | amples: Dogs, cats, birds, horses  |   |  |
|                                       | es. Describe   |   |  |
| 14. <b>Any</b>                        | other personal and household items you did not already list, includ  | ing any health aids you did not list        |  |
| ■ N                                   | o<br>es. Give specific information   |   |  |
| <b>□</b> 10                           | es. Give specific information  |   |  |
|                                       | dd the dollar value of all of your entries from Part 3, including any en<br>r Part 3. Write that number here                       |   | \$1,500.00   |
|                                       | Describe Your Financial Assets   |   |  |
| Do you                                | own or have any legal or equitable interest in any of the following?   |   | Current value of the portion you own?  Do not deduct secured |

Official Form 106A/B Schedule A/B: Property page 2

claims or exemptions.

| D  | ebtor 1 C               | rystal Shani                             | ce Nic    | hols                                |                       |   | Case number (if known)                   |                                |
|----|-------------------------|--|-----------|-------------------------------------|-----------------------|---|--|--------------------------------|
| 16 | Cash<br>Examples:       | Money you ha                             | ave in y  | our wallet, in your                 | home, in a safe d     | eposit box, and on han  | d when you file your petit               | ion                            |
|    | ■ No<br>□ Yes           |  |           |                                     |                       |   |  |                                |
| 17 | _ '                     | Checking, sav                            |           |                                     |                       | es of deposit; shares in institution, list each.                              | credit unions, brokerage                 | houses, and other similar      |
|    | □ No ■ Yes              |  |           |                                     | Institutio            | on name:  |  |                                |
|    |                         |  | 17.1.     | Checking                            | FSNB                  |   |  | \$100.00                       |
|    |                         |  | 17.2.     | Checking                            | Health                | plus FCU  |  | \$3.05                         |
| 18 |                         | Bond funds, ir                           |           | ely traded stocks ent accounts with | brokerage firms, n    | noney market accounts   | 5  |                                |
| 19 |                         | ly traded sto                            | ck and    |                                     |                       | ncorporated business  | ses, including an intere                 | st in an LLC, partnership, and |
|    |                         | e specific infor                         |           | about them<br>ne of entity:         |                       |   | % of ownership:                          |                                |
| 20 | Negotiable              | <i>instrument</i> s ir                   | nclude p  | ersonal checks,                     | cashiers' checks, p   | n-negotiable instrume<br>promissory notes, and r<br>one by signing or deliver | money orders.                            |                                |
|    | ■ No                    |  |           | ·                                   |                       | , , ,   | · ·                                      |                                |
|    | ☐ Yes. Give             | e specific inform                        |           | about them<br>uer name:             |                       |   |  |                                |
| 21 |                         | t <b>or pension a</b><br>Interests in IR |           |                                     | ), 403(b), thrift sav | rings accounts, or other  | r pension or profit-sharing              | plans                          |
|    | ☐ Yes. List             | each account                             | •         | ely.<br>of account:                 | Institutio            | on name:  |  |                                |
| 22 | Your share<br>Examples: |  | deposit   | s you have made                     |                       | continue service or use<br>electric, gas, water), tel                         | from a company<br>lecommunications compa | nies, or others                |
|    | ■ No<br>□ Yes           |  |           |                                     | Institutio            | on name or individual:  |  |                                |
| 23 | _                       | A contract for                           | a perio   | dic payment of mo                   | oney to you, either   | r for life or for a number  | r of years)                              |                                |
|    | ■ No □ Yes              | Issu                                     | ıer nam   | e and description                   | ı.                    |   |  |                                |
| 24 | 26 U.S.C. §             | an education<br>§ 530(b)(1), 52          |           |                                     | a qualified ABLE      | program, or under a c   | qualified state tuition pr               | ogram.                         |
|    | ■ No □ Yes              | Inst                                     | itution r | name and descrip                    | tion. Separately file | e the records of any int  | terests.11 U.S.C. § 521(c)               | :                              |
| 25 |                         | uitable or futu                          | re inte   | rests in property                   | (other than anyt      | hing listed in line 1), a   | and rights or powers ex                  | ercisable for your benefit     |
|    | ■ No<br>□ Yes. Giv      | e specific infor                         | mation    | about them                          |                       |   |  |                                |
| 26 |                         |  |           |                                     | and other intelle     | ectual property es and licensing agreem                                       | nents                                    |                                |

Official Form 106A/B Schedule A/B: Property page 3

■ No

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| Debtor 1                     | <b>Crystal Shanice Nichols</b>  |   | Case numb              | ber (if known)     |  |
|------------------------------|---|---|------------------------|--------------------|--|
| ☐ Yes.                       | Give specific information about the   | nem   |                        |                    |  |
| Exam <sub>i</sub><br>■ No    |   | enses, cooperative association holdings, li   | quor licenses, profes  | ssional licenses   |  |
|                              | Give specific information about the   | iem   |                        |                    |  |
| Money or                     | property owed to you?   |   |                        |                    | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| ☐ No                         | funds owed to you   |   |                        |                    |  |
| ■ Yes.                       | Give specific information about the   | em, including whether you already filed the   | returns and the tax    | years              |  |
|                              |   | EIC   | Fede                   | eral               | Unknow   |
|                              |   |   | 1                      |                    |  |
|                              |   | Federal Income Tax Refund   |                        |                    | Unknow   |
|                              |   |   |                        |                    |  |
|                              |   | State Income Tax Refund   |                        |                    | Unknow   |
| 30. Other Examp  ■ No □ Yes. | Give specific information  amounts someone owes you  ples: Unpaid wages, disability insu  benefits; unpaid loans you m  Give specific information | rance payments, disability benefits, sick pa<br>ade to someone else                   | y, vacation pay, wor   | rkers' compensa    | tion, Social Security  |
|                              |   | ance; health savings account (HSA); credit  | , homeowner's, or re   | nter's insurance   |  |
|                              | Name the insurance company of e<br>Company n  |   | Beneficiary:           |                    | Surrender or refund value:   |
| If you somed                 | terest in property that is due you are the beneficiary of a living trust, one has died.  Give specific information                                | u from someone who has died<br>, expect proceeds from a life insurance poli           | cy, or are currently e | ntitled to receive | e property because   |
| Exam <sub>i</sub><br>■ No    | ples: Accidents, employment dispu   | or not you have filed a lawsuit or made a<br>ttes, insurance claims, or rights to sue | demand for payme       | ent                |  |
|                              | Describe each claim   | ims of every nature, including countercl  | aims of the dobtor     | and rights to co   | at off claims  |
| ■ No                         | Describe each claim   | inis of every nature, including countercl   | anns of the deptor i   | and rights to Se   | a On Claillis  |

Official Form 106A/B Schedule A/B: Property page 4

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| Del   | otor 1   | Crystal Shanice Nichols   |                            | Case number (if known)    |                       |
|-------|----------|---|----------------------------|---------------------------|-----------------------|
| 35.   | Any fir  | nancial assets you did not already list   |                            |                           |                       |
| _     | No       | •   |                            |                           |                       |
|       | ☐ Yes.   | Give specific information   |                            |                           |                       |
| 36.   |          | the dollar value of all of your entries from Part 4, including art 4. Write that number here                            |                            |                           | \$103.05              |
| Par   | t 5: De  | scribe Any Business-Related Property You Own or Have an Intere  | est In. List any real esta | ate in Part 1.            |                       |
| 37. I | Do you o | own or have any legal or equitable interest in any business-relate  | d property?                |                           |                       |
|       | No. Go   | to Part 6.  |                            |                           |                       |
|       | ] Yes. ( | Go to line 38.  |                            |                           |                       |
| Par   |          | scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1. | Own or Have an Interes     | st In.                    |                       |
| 46.   | Do yοι   | own or have any legal or equitable interest in any farm-  | or commercial fishir       | ng-related property?      |                       |
|       | No.      | Go to Part 7.   |                            |                           |                       |
|       | ☐ Yes    | . Go to line 47.  |                            |                           |                       |
|       |          |   |                            |                           |                       |
| Par   | t 7:     | Describe All Property You Own or Have an Interest in That You   | Did Not List Above         |                           |                       |
|       |          | have other property of any kind you did not already list?  bles: Season tickets, country club membership                | •                          |                           |                       |
| _     | _        | Give specific information   |                            |                           |                       |
|       |          |   |                            | Г                         |                       |
| 54.   | Add t    | the dollar value of all of your entries from Part 7. Write that   | at number here             |                           | \$0.00                |
|       |          |   |                            | L                         |                       |
| Par   | t 8:     | List the Totals of Each Part of this Form   |                            |                           |                       |
| 55.   | Part 1   | 1: Total real estate, line 2  |                            |                           | \$0.00                |
| 56.   | Part 2   | 2: Total vehicles, line 5   | \$7,000.00                 |                           |                       |
| 57.   | Part 3   | 3: Total personal and household items, line 15  | \$1,500.00                 |                           |                       |
| 58.   | Part 4   | 4: Total financial assets, line 36  | \$103.05                   |                           |                       |
| 59.   | Part 5   | 5: Total business-related property, line 45   | \$0.00                     |                           |                       |
| 60.   | Part 6   | 6: Total farm- and fishing-related property, line 52  | \$0.00                     |                           |                       |
| 61.   | Part 7   | 7: Total other property not listed, line 54 +   | \$0.00                     |                           |                       |
| 62.   | Total    | personal property. Add lines 56 through 61  | \$8,603.05                 | Copy personal property to | sal <b>\$8,603.05</b> |
| 63.   | Total    | of all property on Schedule A/B. Add line 55 + line 62  |                            |                           | \$8,603.05            |

Official Form 106A/B Schedule A/B: Property page 5

|                          |  | 23-00441-JAW  | Dkt 3 Filed 02/2   | 7/23 Entere   | d 02/27/23 10:17:22   | Page 8 of 44   |
|--------------------------|--|---|--|---|---|--|
|                          |  |   |  |   |   |  |
| Fi                       | l in this in                                       | formation to identify yo  | ur case:   |   |   |  |
| De                       | ebtor 1  | Crystal Shanic  |  |   |   |  |
| De                       | ebtor 2  | First Name  | Middle Name  | Last Name   |   |  |
| 1                        | ouse if, filing)                                   | First Name  | Middle Name  | Last Name   |   |  |
| Ur                       | nited States                                       | Bankruptcy Court for the  | e: SOUTHERN DISTRIC  | T OF MISSISSIPP   |   |  |
| Ca                       | ase numbe  | •   |  |   |   |  |
|                          | known)   |   |  |   |   | Check if this is an amended filing   |
| $\sim$                   | fficial  | Form 106C   |  |   | _   |  |
|                          |  | Form 106C   |  |   |   |  |
| 5                        | ched   | ule C: The P  | roperty You  | Claim as  | Exempt  | 4/22   |
| the<br>nee               | property y   | ou listed on <i>Schedule A/E</i> t and attach to this page a                    | B: Property (Official Form 1)  | 06A/B) as your sour   | ce, list the property that you cla  | upplying correct information. Using aim as exempt. If more space is Iditional pages, write your name and   |
| spe<br>any<br>fun<br>exe | ecific dolla<br>applicab<br>ds—may l<br>emption to | r amount as exempt. Al<br>le statutory limit. Some<br>be unlimited in dollar an | ternatively, you may clair<br>exemptions—such as tho<br>nount. However, if you cla | n the full fair mark<br>ose for health aids<br>aim an exemption | et value of the property being<br>rights to receive certain ben<br>of 100% of fair market value u | e way of doing so is to state a g exempted up to the amount of efits, and tax-exempt retirement under a law that limits the our exemption would be limited |
| Pa                       | rt 1: Ide  | entify the Property You   | Claim as Exempt  |   |   |  |
| 1.                       | Which se   | et of exemptions are you  | u claiming? Check one on   | ly, even if your spou   | ise is filing with you.   |  |
|                          | You a  | e claiming state and fede   | eral nonbankruptcy exempti   | ons. 11 U.S.C. § 5  | 22(b)(3)  |  |
|                          | ☐ You a  | e claiming federal exemp  | otions. 11 U.S.C. § 522(b)(  | 2)  |   |  |
| _                        | _  |   |  |   |   |  |

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption |
|---|--------------------------------------|-----------------------------------|---|------------------------------------|
|   | Copy the value from<br>Schedule A/B  | Che                               | ck only one box for each exemption.                             |                                    |
| Household Goods and Furnishings Line from Schedule A/B: 6.1                         | \$1,000.00                           |                                   | \$1,000.00  | Miss. Code Ann. § 85-3-1(a)        |
| Ellio II oli i oli oli oli i oli i  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Clothing Line from Schedule A/B: 11.1   | \$500.00                             |                                   | \$500.00  | Miss. Code Ann. § 85-3-1(a         |
| Line Holli Schedule Av.B. 11.1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Federal: EIC Line from Schedule A/B: 28.1   | Unknown                              |                                   | \$5,000.00  | Miss. Code Ann. § 85-3-1(i)        |
| Line Holli Schedule A.B. 20.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Federal Income Tax Refund Line from Schedule A/B: 28.2                              | Unknown                              |                                   | \$5,000.00  | Miss. Code Ann. § 85-3-1(j)        |
| Ellie II oli ochedale 74 B. 20.2  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| State Income Tax Refund Line from Schedule A/B: 28.3                                | Unknown                              |                                   | \$5,000.00  | Miss. Code Ann. § 85-3-1(k         |
| Line nom ochedule AVD. 20.0   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |

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| Deb | otor 1 | Crystal Shanice Nichols   | Case number (if known)           |  |
|-----|--------|---|----------------------------------|--|
| 3.  | -      | you claiming a homestead exemption of more than \$189,050? ject to adjustment on 4/01/25 and every 3 years after that for cases filed on or | r after the date of adjustment.) |  |
|     |        | No  |                                  |  |
|     |        | Yes. Did you acquire the property covered by the exemption within 1,215 day   | s before you filed this case?    |  |
|     |        | □ No  |                                  |  |
|     |        | ☐ Yes   |                                  |  |

| Fill in this information to identify              | your case:  |  |  |                             |
|---|---|--|--|-----------------------------|
| Debtor 1 Crystal Shar                             | ica Nichals   |  |  |                             |
| First Name  | Middle Name Last Name   |  |  |                             |
| Debtor 2<br>(Spouse if, filing) First Name        | Middle Name Last Name   |  |  |                             |
| United States Bankruptcy Court for                | the: SOUTHERN DISTRICT OF MISSISSIPPI   |  |  |                             |
| Case number                                       |   |  |  | if this is an<br>ded filing |
| Official Form 106D                                |   |  |  |                             |
| Schedule D: Credito                               | rs Who Have Claims Secured  | by Propert   | у  | 12/15                       |
|   | ole. If two married people are filing together, both are equal it out, number the entries, and attach it to this form. Or |  |  |                             |
| Do any creditors have claims secure               | d by your property?   |  |  |                             |
|   | nit this form to the court with your other schedules. Yo  | ou have nothing else t                                 | o report on this form.                       |                             |
| Yes. Fill in all of the informat                  | ,   | <b>3</b>   |  |                             |
| Part 1: List All Secured Claims                   |   |  |  |                             |
|   | has more than one secured claim, list the creditor separately   | Column A   | Column B                                     | Column C                    |
| for each claim. If more than one credito          | has a particular claim, list the other creditors in Part 2. As betical order according to the creditor's name.            | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any    |
| 2.1 MS Title Loans                                | Describe the property that secures the claim:   | \$7,609.00   | \$7,000.00                                   | \$609.00                    |
| Creditor's Name                                   | 2014 GMC Acadia reaffirm  |  |  |                             |
| 1900 Hwy 80 West<br>Jackson, MS 39204             | As of the date you file, the claim is: Check all that apply.  Contingent  |  |  |                             |
| Number, Street, City, State & Zip Code            | Unliquidated  |  |  |                             |
| rambor, outdoit, only, diale a zip doad           | ☐ Disputed  |  |  |                             |
| Who owes the debt? Check one.                     | Nature of lien. Check all that apply.   |  |  |                             |
| ■ Debtor 1 only □ Debtor 2 only                   | ☐ An agreement you made (such as mortgage or sec car loan)  | ured   |  |                             |
| Debtor 1 and Debtor 2 only                        | ☐ Statutory lien (such as tax lien, mechanic's lien)  |  |  |                             |
| ☐ At least one of the debtors and anoth           | _   |  |  |                             |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset)   |  |  |                             |
| Date debt was incurred                            | Last 4 digits of account number   |  |  |                             |
| Add the deller velve of very surface              | in Column A on this name. Write that number have  | <b>\$7.00</b>  | 20.00  |                             |
| -   | in Column A on this page. Write that number here: add the dollar value totals from all pages.                             | \$7,60   |  |                             |
| Write that number here:                           |   | \$7,60   | 19.00  |                             |
| Part 2: List Others to Be Notifie                 | d for a Debt That You Already Listed  |  |  |                             |
| Hea this page only if you have others             | to be notified about your bankruptou for a dobt that you  | already listed in Part 1                               | For example, if a collect                    | tion agoney is              |

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Fill in th                          | nis information to identify your  | case:                           |   |  |
|-------------------------------------|---|---------------------------------|---|--|
| Debtor 1                            | Crystal Shanice   | Nichols                         |   |  |
|                                     | First Name  | Middle Name                     | Last Name   |  |
| Debtor 2<br>(Spouse if,             |   | Middle Name                     | Last Name   |  |
|                                     | -   |                                 |   |  |
| United S                            | States Bankruptcy Court for the:  | SOUTHERN DISTRIC                | T OF MISSISSIPPI  |  |
| Case nu                             | ımber   |                                 |   |  |
| (if known)                          |   |                                 |   | ☐ Check if this is an                    |
|                                     |   |                                 |   | amended filing                           |
| Officia                             | al Form 106E/F  |                                 |   |  |
|                                     | dule E/F: Creditors V   | Vho Have Unsec                  | ured Claims   | 12/15                                    |
|                                     |   |                                 | PRIORITY claims and Part 2 for creditors with NON   |  |
| Schedule<br>left. Attac<br>name and | D: Creditors Who Have Claims Se h the Continuation Page to this pal case number (if known). | cured by Property. If more s    | 106G). Do not include any creditors with partially space is needed, copy the Part you need, fill it out, room to report in a Part, do not file that Part. On the to   | number the entries in the boxes on the   |
| Part 1:                             |   |                                 |   |  |
|                                     | ny creditors have priority unsecur  | ed claims against you?          |   |  |
|                                     | lo. Go to Part 2.   |                                 |   |  |
| ΠY                                  | es.   |                                 |   |  |
| Part 2:                             | List All of Your NONPRIORI  | TY Unsecured Claims             |   |  |
|                                     | ny creditors have nonpriority unse  |                                 |   |  |
| _                                   | lo. You have nothing to report in this  | -                               |   |  |
| _                                   | <u> </u>  | part. Submit this form to the c | court with your other schedules.  |  |
| Y                                   | es.   |                                 |   |  |
| unse                                | cured claim, list the creditor separate one creditor holds a particular claim,              | ly for each claim. For each cl  | rder of the creditor who holds each claim. If a creditor aim listed, identify what type of claim it is. Do not list claim it is. Do not list claim it you have more than three nonpriority unsecured claim. | nims already included in Part 1. If more |
|                                     |   |                                 |   | Total claim                              |
| 4.1                                 | Atmos Energy  | Last 4 digi                     | ts of account number  | \$220.78                                 |
|                                     | Nonpriority Creditor's Name   |                                 |   | <del></del>                              |
|                                     | P O Box 650205<br>Dallas, TX 75265  | When was                        | the debt incurred?  |  |
| _                                   | Number Street City State Zip Code   | As of the d                     | late you file, the claim is: Check all that apply   |  |
|                                     | Who incurred the debt? Check one  | •                               |   |  |
|                                     | Debtor 1 only   | ☐ Conting                       | ent   |  |
|                                     | Debtor 2 only   | ☐ Unliquid                      | dated   |  |
|                                     | Debtor 1 and Debtor 2 only  | ☐ Dispute                       | d   |  |
|                                     | ☐ At least one of the debtors and ar  | nother Type of NC               | ONPRIORITY unsecured claim:   |  |
|                                     | ☐ Check if this claim is for a com  | munity                          | loans   |  |
|                                     | debt  |                                 | ons arising out of a separation agreement or divorce the  | at you did not                           |
|                                     | Is the claim subject to offset?   |                                 | riority claims  | _  |
|                                     | ■ No  | <u></u>                         | o pension or profit-sharing plans, and other similar debts  | 5  |
|                                     | ☐ Yes   | Other. S                        | Specify   |  |

| Debto | Crystal Shanice Nichols   | Case number (if known)  |            |
|-------|---|---|------------|
| 4.2   | Bestway Rental  | Last 4 digits of account number   | \$500.00   |
|       | Nonpriority Creditor's Name 305 W. Woodrow Wilson Jackson, MS 39213 | When was the debt incurred?   |            |
|       | Number Street City State Zip Code                                   | As of the date you file, the claim is: Check all that apply                     |            |
|       | Who incurred the debt? Check one.                                   |   |            |
|       | Debtor 1 only   | ☐ Contingent  |            |
|       | Debtor 2 only   | ☐ Unliquidated  |            |
|       | ☐ Debtor 1 and Debtor 2 only  | □ Disputed  |            |
|       | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured claim:  |            |
|       | ☐ Check if this claim is for a community                            | ☐ Student loans   |            |
|       | debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not |            |
|       | Is the claim subject to offset?                                     | report as priority claims   |            |
|       | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts     |            |
|       | Yes   | Other. Specify  |            |
| 4.3   | C Spire Nonpriority Creditor's Name                                 | Last 4 digits of account number   | \$1,900.00 |
|       | P.O. Box 519 Meadville, MS 39653                                    | When was the debt incurred?   |            |
|       | Number Street City State Zip Code                                   | As of the date you file, the claim is: Check all that apply                     |            |
|       | Who incurred the debt? Check one.                                   |   |            |
|       | Debtor 1 only   | ☐ Contingent  |            |
|       | Debtor 2 only   | □ Unliquidated  |            |
|       | ☐ Debtor 1 and Debtor 2 only  | □ Disputed  |            |
|       | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured claim:  |            |
|       | ☐ Check if this claim is for a community                            | ☐ Student loans   |            |
|       | debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not |            |
|       | Is the claim subject to offset?                                     | report as priority claims   |            |
|       | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts     |            |
|       | Yes   | Other. Specify  |            |
| 4.4   | Capital One   | Last 4 digits of account number   | \$449.52   |
|       | Nonpriority Creditor's Name   |   |            |
|       | P O Box 60599<br>City of Indus, CA 91716                            | When was the debt incurred?   |            |
|       | Number Street City State Zip Code                                   | As of the date you file, the claim is: Check all that apply                     |            |
|       | Who incurred the debt? Check one.                                   |   |            |
|       | Debtor 1 only   | ☐ Contingent  |            |
|       | Debtor 2 only   | ☐ Unliquidated  |            |
|       | ☐ Debtor 1 and Debtor 2 only  | □ Disputed  |            |
|       | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured claim:  |            |
|       | ☐ Check if this claim is for a community                            | ☐ Student loans   |            |
|       | debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not |            |
|       | Is the claim subject to offset?                                     | report as priority claims   |            |
|       | ■ No  | Debts to pension or profit-sharing plans, and other similar debts               |            |
|       | ☐ Yes   | Other. Specify  |            |

| Debt | or 1 Crystal Shanice Nichols                                 | Case number (if known)  |          |
|------|--|---|----------|
| 4.5  | City of Jackson  | Last 4 digits of account number   | \$132.23 |
|      | Nonpriority Creditor's Name P.O. Box 23092 Jackson, MS 39225 | When was the debt incurred?   |          |
|      | Number Street City State Zip Code                            | As of the date you file, the claim is: Check all that apply   |          |
|      | Who incurred the debt? Check one.                            | ,,  |          |
|      | ■ Debtor 1 only  | ☐ Contingent  |          |
|      | Debtor 2 only  | ☐ Unliquidated  |          |
|      | <u> </u>   | ·   |          |
|      | ☐ Debtor 1 and Debtor 2 only                                 | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |          |
|      | At least one of the debtors and another                      | Student loans   |          |
|      | ☐ Check if this claim is for a community debt                |   |          |
|      | Is the claim subject to offset?                              | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|      | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|      | □ Yes  |   |          |
|      | ☐ Tes  | Other. Specify  |          |
| 4.6  | Comcast  | Last 4 digits of account number   | \$180.00 |
|      | Nonpriority Creditor's Name  220 Lake Ridge Dr. SE           | When was the debt incurred?   |          |
|      | Smyrna, GA 30082   |   |          |
|      | Number Street City State Zip Code                            | As of the date you file, the claim is: Check all that apply   |          |
|      | Who incurred the debt? Check one.                            |   |          |
|      | Debtor 1 only  | ☐ Contingent  |          |
|      | Debtor 2 only  | ☐ Unliquidated  |          |
|      | ☐ Debtor 1 and Debtor 2 only                                 | □ Disputed  |          |
|      | ☐ At least one of the debtors and another                    | Type of NONPRIORITY unsecured claim:  |          |
|      | ☐ Check if this claim is for a community                     | ☐ Student loans   |          |
|      | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |          |
|      | Is the claim subject to offset?                              | report as priority claims   |          |
|      | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|      | Yes  | Other. Specify  |          |
| 4.7  | Keesler FCU  | Last 4 digits of account number   | Unknown  |
|      | Nonpriority Creditor's Name 2602 Pass Road                   | When was the debt incurred?   |          |
|      | Biloxi, MS 39531  Number Street City State Zip Code          | As of the date you file, the claim is: Check all that apply   |          |
|      | Who incurred the debt? Check one.                            | As of the date you me, the claim is. Check all that apply   |          |
|      | ■ Debtor 1 only  | ☐ Contingent  |          |
|      |  | -   |          |
|      | Debtor 2 only  | ☐ Unliquidated  |          |
|      | Debtor 1 and Debtor 2 only                                   | Disputed  |          |
|      | At least one of the debtors and another                      | Type of NONPRIORITY unsecured claim:  ☐ Student loans   |          |
|      | ☐ Check if this claim is for a community                     |   |          |
|      | debt Is the claim subject to offset?                         | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims  |          |
|      | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|      |  |   |          |
|      | Yes  | Other. Specify  |          |

| Debto | Crystal Shanice Nichols                              | Case number (if known)  |          |
|-------|--|---|----------|
| 4.8   | Magnolia Federal Nonpriority Creditor's Name         | Last 4 digits of account number   | \$153.41 |
|       | Credit Union   | When was the debt incurred?   |          |
|       | 240 Briarwood Drive                                  |   |          |
|       | Jackson, MS 39206                                    |   |          |
|       | Number Street City State Zip Code                    | As of the date you file, the claim is: Check all that apply                             |          |
|       | Who incurred the debt? Check one.                    |   |          |
|       | Debtor 1 only  | ☐ Contingent  |          |
|       | Debtor 2 only  | ☐ Unliquidated  |          |
|       | ☐ Debtor 1 and Debtor 2 only                         | Disputed  |          |
|       | ☐ At least one of the debtors and another            | Type of NONPRIORITY unsecured claim:  |          |
|       | ☐ Check if this claim is for a community             | ☐ Student loans   |          |
|       | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not         |          |
|       | Is the claim subject to offset?                      | report as priority claims   |          |
|       | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                     |          |
|       | Yes  | Other. Specify  |          |
| 4.9   | Martin's Furniture                                   | Last 4 digits of account number   | \$600.00 |
|       | Nonpriority Creditor's Name                          |   |          |
|       | 3190 Medgar Evers Blvd                               | When was the debt incurred?   |          |
|       | Jackson, MS 39213  Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply                             |          |
|       | Who incurred the debt? Check one.                    | As of the date you me, the claim is. Oneok all that apply                               |          |
|       | _  | П   |          |
|       | Debtor 1 only  | Contingent  |          |
|       | Debtor 2 only  | ☐ Unliquidated  |          |
|       | Debtor 1 and Debtor 2 only                           | ☐ Disputed  |          |
|       | $\square$ At least one of the debtors and another    | Type of NONPRIORITY unsecured claim:  |          |
|       | ☐ Check if this claim is for a community             | ☐ Student loans   |          |
|       | debt   | $\square$ Obligations arising out of a separation agreement or divorce that you did not |          |
|       | Is the claim subject to offset?                      | report as priority claims   |          |
|       | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                     |          |
|       | Yes  | Other. Specify  |          |
| 4.1   | Origin Bank  | Last 4 digits of account number   | Unknown  |
| 0     | Nonpriority Creditor's Name                          | Last 4 digits of account number   |          |
|       | 203 Promenade Blvd                                   | When was the debt incurred?   |          |
|       | Flowood, MS 39232                                    | _   |          |
|       | Number Street City State Zip Code                    | As of the date you file, the claim is: Check all that apply                             |          |
|       | Who incurred the debt? Check one.                    |   |          |
|       | Debtor 1 only  | ☐ Contingent  |          |
|       | Debtor 2 only  | ☐ Unliquidated  |          |
|       | ☐ Debtor 1 and Debtor 2 only                         | ☐ Disputed  |          |
|       | At least one of the debtors and another              | Type of NONPRIORITY unsecured claim:  |          |
|       | ☐ Check if this claim is for a community             | ☐ Student loans   |          |
|       | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not         |          |
|       | Is the claim subject to offset?                      | report as priority claims   |          |
|       | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                     |          |
|       | ☐ Yes  | Other. Specify  |          |
|       |  |   |          |

| Debt     | or 1 Crystal Shanice Nichols                      | Case number (if known)  |            |
|----------|---|---|------------|
| 4.1      | DPM Management                                    |   | ¢2.050.00  |
| 1        | RBM Management Nonpriority Creditor's Name        | Last 4 digits of account number   | \$2,050.00 |
|          | P.O. Box 227                                      | When was the debt incurred?   |            |
|          | Brandon, MS 39043                                 |   |            |
|          | Number Street City State Zip Code                 | As of the date you file, the claim is: Check all that apply                     |            |
|          | Who incurred the debt? Check one.                 |   |            |
|          | Debtor 1 only                                     | ☐ Contingent  |            |
|          | Debtor 2 only                                     | ☐ Unliquidated  |            |
|          | ☐ Debtor 1 and Debtor 2 only                      | ☐ Disputed  |            |
|          | ☐ At least one of the debtors and another         | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community          | ☐ Student loans   |            |
|          | debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not |            |
|          | Is the claim subject to offset?                   | report as priority claims   |            |
|          | No  | ☐ Debts to pension or profit-sharing plans, and other similar debts             |            |
|          | Yes   | Other. Specify  |            |
| 4.1      | Regions Bank                                      |   | \$484.95   |
| 2        | Nonpriority Creditor's Name                       | Last 4 digits of account number   | Ψ404.33    |
|          | P.O. Box 2224                                     | When was the debt incurred?   |            |
|          | Birmingham, AL 35246                              |   |            |
|          | Number Street City State Zip Code                 | As of the date you file, the claim is: Check all that apply                     |            |
|          | Who incurred the debt? Check one.                 |   |            |
|          | Debtor 1 only                                     | ☐ Contingent  |            |
|          | ☐ Debtor 2 only                                   | ☐ Unliquidated  |            |
|          | ☐ Debtor 1 and Debtor 2 only                      | ☐ Disputed  |            |
|          | ☐ At least one of the debtors and another         | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community          | ☐ Student loans   |            |
|          | debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not |            |
|          | Is the claim subject to offset?                   | report as priority claims   |            |
|          | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts     |            |
|          | Yes   | Other. Specify  |            |
| 4.1<br>3 | Sprint  | Last 4 digits of account number   | Unknown    |
| 5        | Nonpriority Creditor's Name                       |   |            |
|          | P.O. Box 660092                                   | When was the debt incurred?   |            |
|          | Dallas, TX 75266                                  |   |            |
|          | Number Street City State Zip Code                 | As of the date you file, the claim is: Check all that apply                     |            |
|          | Who incurred the debt? Check one.                 | _   |            |
|          | Debtor 1 only                                     | Contingent  |            |
|          | Debtor 2 only                                     | ☐ Unliquidated  |            |
|          | ☐ Debtor 1 and Debtor 2 only                      | ☐ Disputed  |            |
|          | $\square$ At least one of the debtors and another | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community          | ☐ Student loans   |            |
|          | debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not |            |
|          | Is the claim subject to offset?                   | report as priority claims   |            |
|          | No  | Debts to pension or profit-sharing plans, and other similar debts               |            |
|          | Yes   | Other Specify   |            |

| Debto    | Crystal Shanice Nichols  | Case number (if known)  |                        |
|----------|--|---|------------------------|
| 4.1      | Texas Dealer Solutions   | Last 4 digits of account number   | \$4,513.00             |
| 4        | Nonpriority Creditor's Name 4210 Industrial Dr Ste 100                                 | When was the debt incurred?   | <del>+ 1,0 10100</del> |
|          | Austin, TX 78744  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |                        |
|          | _  | П   |                        |
|          | Debtor 1 only  | ☐ Contingent  |                        |
|          | Debtor 2 only  | Unliquidated  |                        |
|          | Debtor 1 and Debtor 2 only   | Disputed  |                        |
|          | At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  ☐ Student loans   |                        |
|          | ☐ Check if this claim is for a community debt Is the claim subject to offset?          | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                        |
|          | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |                        |
|          | Yes  | Other. Specify  |                        |
| 4.1      | US Dept of Education   | Last 4 digits of account number   | Unknown                |
|          | Nonpriority Creditor's Name PO Box 4169 Greenville, TX 75403                           | When was the debt incurred?   |                        |
|          | Number Street City State Zip Code Who incurred the debt? Check one.                    | As of the date you file, the claim is: Check all that apply   |                        |
|          | Debtor 1 only  | ☐ Contingent  |                        |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |                        |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |                        |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |                        |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |                        |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |                        |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |                        |
|          | Yes  | Other. Specify  |                        |
| 4.1<br>6 | Verizon Nonpriority Creditor's Name  | Last 4 digits of account number   | Unknown                |
|          | P.O. Box 26055<br>Minneapolis, MN 55426  | When was the debt incurred?   |                        |
|          | Number Street City State Zip Code Who incurred the debt? Check one.                    | As of the date you file, the claim is: Check all that apply   |                        |
|          | Debtor 1 only  | ☐ Contingent  |                        |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |                        |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |                        |
|          | $\square$ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:  |                        |
|          | ☐ Check if this claim is for a community debt  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not           |                        |
|          | Is the claim subject to offset?  | report as priority claims   |                        |
|          | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |                        |
|          | □ Ves  | Other Cresify   |                        |

| Debt | or 1 Crystal Shanice Nichols  | Case number (if known)  |            |
|------|---|---|------------|
| 4.1  | Webbank/Freshstart  | Last 4 digits of account number   | \$143.00   |
|      | Nonpriority Creditor's Name<br>6250 Ridgewood Rd<br>Saint Cloud, MN 56303 | When was the debt incurred?   |            |
|      | Number Street City State Zip Code   | As of the date you file, the claim is: Check all that apply   |            |
|      | Who incurred the debt? Check one.   |   |            |
|      | Debtor 1 only   | ☐ Contingent  |            |
|      | Debtor 2 only   | ☐ Unliquidated  |            |
|      | Debtor 1 and Debtor 2 only  | □ Disputed  |            |
|      | ☐ At least one of the debtors and another                                 | Type of NONPRIORITY unsecured claim:  |            |
|      | ☐ Check if this claim is for a community                                  | ☐ Student loans   |            |
|      | debt Is the claim subject to offset?                                      | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|      | ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |            |
|      | Yes   | Other. Specify  |            |
| 4.1  | Westlake Financial Ser  | Last 4 digits of account number   | \$6,124.00 |
|      | Nonpriority Creditor's Name 4751 Wilshire Blvd. Ste 100                   | When was the debt incurred?   |            |
|      | Los Angeles, CA 90010  Number Street City State Zip Code                  | As of the date you file the claim is. Check all that apply  |            |
|      | Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply   |            |
|      | ■ Debtor 1 only   | ☐ Contingent  |            |
|      | ☐ Debtor 2 only   | ☐ Unliquidated  |            |
|      | ☐ Debtor 1 and Debtor 2 only  | _ `   |            |
|      |   | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |            |
|      | ☐ At least one of the debtors and another                                 | Student loans   |            |
|      | ☐ Check if this claim is for a community debt                             | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |            |
|      | Is the claim subject to offset?   | report as priority claims   |            |
|      | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |
|      | Yes   | Other. Specify  |            |
| 4.1  | Willow Pointe Apts  | Last 4 digits of account number   | Unknown    |
| 9    | Nonpriority Creditor's Name 755 Glencross Dr                              | When was the debt incurred?   |            |
|      | Jackson, MS 39206   |   |            |
|      | Number Street City State Zip Code   | As of the date you file, the claim is: Check all that apply   |            |
|      | Who incurred the debt? Check one.   | П   |            |
|      | ■ Debtor 1 only   | Contingent  |            |
|      | Debtor 2 only   | Unliquidated  |            |
|      | Debtor 1 and Debtor 2 only  | Disputed  |            |
|      | At least one of the debtors and another                                   | Type of NONPRIORITY unsecured claim:  ☐ Student loans   |            |
|      | ☐ Check if this claim is for a community debt                             | _ ****  |            |
|      | Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|      | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|      | ☐ Yes   | Other. Specify  |            |
|      |   | - · · · - FE-2-17   |            |

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| Debtor 1 Crystal Shanice Nichols  | Case number (if known)  |
|---|---|
| Name and Address City Services Dept. #07-0006 P.O. Box 2819 Tupelo, MS 38803                          | On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.5 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  |
| Name and Address Comcast P.O. Box 71211 Charlotte, NC 28272   | On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.6 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  |
| Name and Address JACKSON VA FCU 240 BRIARWOOD DR JACKSON, MS 39206                                    | On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.8 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  |
| Name and Address Sprint/Nextel Attn: Bankruptcy Dept P.O. Box 172408 Denver, CO 80217                 | On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  |
| Name and Address US Dept of Education % US Attorney's Office 501 E. Court St.#4.430 Jackson, MS 39201 | On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.15 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number |
| Name and Address Webbank/Freshstart 13300 Pioneer Trail Eden Prairie, MN 55347                        | On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.17 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  |

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |   |     | -  | Total Claim |
|-----------------------|-----|---|-----|----|-------------|
|                       | 6a. | Domestic support obligations  | 6a. | \$ | 0.00        |
| Total<br>claims       |     |   |     |    |             |
| from Part 1           | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00        |
|                       | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00        |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00        |
|                       | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00        |
|                       | 6f. | Student loans   | Ct. |    | Total Claim |
| Total                 | о.  | Student loans   | 6f. | \$ | 0.00        |
| claims<br>from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00        |
|                       | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00        |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 17,450.89   |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 17,450.89   |

| Fill in this inform | nation to identify your | case:             |                |                       |
|---------------------|-------------------------|-------------------|----------------|-----------------------|
| Debtor 1            | Crystal Shanice N       | lichols           |                |                       |
|                     | First Name              | Middle Name       | Last Name      |                       |
| Debtor 2            |                         |                   |                |                       |
| (Spouse if, filing) | First Name              | Middle Name       | Last Name      |                       |
| United States Bar   | nkruptcy Court for the: | SOUTHERN DISTRICT | OF MISSISSIPPI |                       |
| Case number         |                         |                   |                |                       |
| (if known)          |                         |                   |                | ☐ Check if this is an |
|                     |                         |                   |                | amended filing        |

### Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | whom you have the c | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---------------------|-------------------|---|
| 2.1 |           |              |                     |                   |   |
|     | Name      |              |                     |                   | _                                       |
|     | Number    | Street       |                     |                   | _                                       |
|     | City      |              | State               | ZIP Code          |   |
| 2.2 |           |              |                     |                   |   |
|     | Name      |              |                     |                   |   |
|     | Number    | Street       |                     |                   | _                                       |
|     | City      |              | State               | ZIP Code          | _                                       |
| 2.3 | Oity      |              | Ciaic               | Zii Codc          |   |
|     | Name      |              |                     |                   |   |
|     |           |              |                     |                   |   |
|     | Number    | Street       |                     |                   | _                                       |
|     | City      |              | State               | ZIP Code          | _                                       |
| 2.4 | 0.1.5     |              | <u> </u>            |                   |   |
| 2.4 |           |              |                     |                   | <u> </u>                                |
|     | Name      |              |                     |                   |   |
|     |           |              |                     |                   |   |
|     | Number    | Street       |                     |                   | <del>_</del>                            |
|     |           |              |                     |                   |   |
|     | City      |              | State               | ZIP Code          |   |
| 2.5 | •         |              |                     |                   |   |
|     | Name      |              |                     |                   | <del>_</del>                            |
|     |           |              |                     |                   |   |
|     | Number    | Street       |                     |                   | _                                       |
|     |           |              |                     |                   |   |
|     | City      |              | State               | ZIP Code          |   |
|     |           |              |                     |                   |   |

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| Debtor 1                        | Crystal Shanice   | Nichols  Middle Name   | Last Name  |   |   |
|---------------------------------|---|--|--|---|---|
| Debtor 2                        | riistivaine   | Wilddle Warrie   | Last Name  |   |   |
| (Spouse if, fi                  | iling) First Name   | Middle Name  | Last Name  |   |   |
| United St                       | ates Bankruptcy Court for the:  | SOUTHERN DISTRICT  | OF MISSISSIPPI   |   |   |
| Case nun                        | mber  |  |  |   |   |
| (if known)                      |   |  |  |   | Check if this is an amended filing  |
| Officia                         | al Form 106H  |  |  |   |   |
|                                 | dule H: Your Cod  | lebtors  |  |   | 12/15   |
|                                 |   |  |  |   |   |
|                                 | e and case number (if known you have any codebtors? (If   |  |  | e as a codebtor.  |   |
| ■ No                            |   |  |  |   |   |
|                                 | ithin the last 8 years, have you  | u lived in a community pr  |  | • (0  |   |
| AHZU                            | na, California, Idaho, Louisiana  |  |  |   |   |
| AIIZO                           | na, California, Idaho, Louisiana  |  |  |   |   |
| ■ No                            | o. Go to line 3.  | , Nevada, New Mexico, Pu   | ierto Rico, Texas, Wasł  |   |   |
| ■ No                            |   | , Nevada, New Mexico, Pu   | ierto Rico, Texas, Wasł  |   |   |
| Ye  3. In Co                    | o. Go to line 3. es. Did your spouse, former spo plumn 1, list all of your codeb te 2 again as a codebtor only  | , Nevada, New Mexico, Pu<br>use, or legal equivalent live<br>tors. Do not include your<br>if that person is a guaran                             | e with you at the time?  spouse as a codebto   | ington, and Wisconsin.) r if your spouse is filin sure you have listed t  | g with you. List the person shown<br>he creditor on Schedule D (Official  |
| ■ No □ Ye  3. In Co in lin Form | o. Go to line 3. es. Did your spouse, former spo plumn 1, list all of your codeb le 2 again as a codebtor only 106D), Schedule E/F (Officia   | , Nevada, New Mexico, Pu<br>use, or legal equivalent live<br>tors. Do not include your<br>if that person is a guaran<br>I Form 106E/F), or Sched | e with you at the time?  spouse as a codebto   | ington, and Wisconsin.) r if your spouse is filin sure you have listed t 06G). Use Schedule D,  | g with you. List the person shown<br>he creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fil<br>editor to whom you owe the debt                   |
| 3. In Coin lin Form out C       | o. Go to line 3. es. Did your spouse, former spout of the spouse of the | , Nevada, New Mexico, Pu<br>use, or legal equivalent live<br>tors. Do not include your<br>if that person is a guaran<br>I Form 106E/F), or Sched | e with you at the time?  spouse as a codebto   | r if your spouse is filin<br>sure you have listed to<br>06G). Use Schedule D,<br>Column 2: The cre<br>Check all schedule  | g with you. List the person shown<br>he creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fil<br>editor to whom you owe the debt<br>es that apply: |
| ■ No □ Ye  3. In Co in lin Form | o. Go to line 3. es. Did your spouse, former spout of the spouse of the | , Nevada, New Mexico, Pu<br>use, or legal equivalent live<br>tors. Do not include your<br>if that person is a guaran<br>I Form 106E/F), or Sched | e with you at the time?  spouse as a codebto   | r if your spouse is filin sure you have listed to D6G). Use Schedule D,  Column 2: The cre Check all schedule D, lir  | g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fil editor to whom you owe the debt es that apply:             |
| 3. In Coin lin Form out C       | o. Go to line 3. es. Did your spouse, former spouteners, list all of your codebie 2 again as a codebtor only in 106D), Schedule E/F (Official Column 2.  **Column 1: Your codebtor** Name, Number, Street, City, State and Z  | , Nevada, New Mexico, Pu<br>use, or legal equivalent live<br>tors. Do not include your<br>if that person is a guaran<br>I Form 106E/F), or Sched | e with you at the time?  spouse as a codebto   | r if your spouse is filin<br>sure you have listed to<br>06G). Use Schedule D,<br>Column 2: The cre<br>Check all schedule  | g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fil editor to whom you owe the debtes that apply:              |
| 3. In Coin lin Form out C       | o. Go to line 3. es. Did your spouse, former spouteners, list all of your codebie 2 again as a codebtor only in 106D), Schedule E/F (Official Column 2.  **Column 1: Your codebtor** Name, Number, Street, City, State and Z  | , Nevada, New Mexico, Pu<br>use, or legal equivalent live<br>tors. Do not include your<br>if that person is a guaran<br>I Form 106E/F), or Sched | e with you at the time?  spouse as a codebto   | r if your spouse is filin sure you have listed to D6G). Use Schedule D,  Column 2: The crucheck all schedule  Schedule D, lir   | g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fil editor to whom you owe the debtes that apply:              |
| 3. In Coin lin Form out C       | o. Go to line 3. es. Did your spouse, former spoulumn 1, list all of your codebie 2 again as a codebtor only in 106D), Schedule E/F (Official Column 2.  Column 1: Your codebtor Name, Number, Street, City, State and Z  | , Nevada, New Mexico, Pu<br>use, or legal equivalent live<br>tors. Do not include your<br>if that person is a guaran<br>I Form 106E/F), or Sched | e with you at the time?  spouse as a codebto   | r if your spouse is filin sure you have listed to D6G). Use Schedule D,  Column 2: The crucheck all schedule  Schedule D, lir   | g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fil editor to whom you owe the debtes that apply:              |
| 3. In Coin lin Form out C       | o. Go to line 3. es. Did your spouse, former spoulumn 1, list all of your codebie 2 again as a codebtor only in 106D), Schedule E/F (Official Column 2.  Column 1: Your codebtor Name, Number, Street, City, State and Z  | , Nevada, New Mexico, Pu<br>use, or legal equivalent live<br>tors. Do not include your<br>if that person is a guaran<br>I Form 106E/F), or Sched | e with you at the time?  spouse as a codebto tor or cosigner. Make tule G (Official Form 1 | r if your spouse is filin sure you have listed to 106G). Use Schedule D,  Column 2: The cre Check all schedule  Schedule D, lir  Schedule E/F, Schedule G, lir  | g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fil editor to whom you owe the debt es that apply:  e          |
| 3. In Coin lin Form out C       | o. Go to line 3. es. Did your spouse, former spoulumn 1, list all of your codebie 2 again as a codebtor only in 106D), Schedule E/F (Official Column 2.  Column 1: Your codebtor Name, Number, Street, City, State and Z  | , Nevada, New Mexico, Pu<br>use, or legal equivalent live<br>tors. Do not include your<br>if that person is a guaran<br>I Form 106E/F), or Sched | e with you at the time?  spouse as a codebto tor or cosigner. Make tule G (Official Form 1 | r if your spouse is filin sure you have listed to D6G). Use Schedule D,  Column 2: The crucheck all schedule  Schedule D, lir   | g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill editor to whom you owe the debt es that apply:  eline     |
| 3. In Coin lin Form out C       | o. Go to line 3. es. Did your spouse, former spoulumn 1, list all of your codebie 2 again as a codebtor only in 106D), Schedule E/F (Official Column 2.  Column 1: Your codebtor Name, Number, Street, City, State and Ziname  Name  Street  City   | , Nevada, New Mexico, Pu<br>use, or legal equivalent live<br>tors. Do not include your<br>if that person is a guaran<br>I Form 106E/F), or Sched | e with you at the time?  spouse as a codebto tor or cosigner. Make tule G (Official Form 1 | r if your spouse is filin sure you have listed to D6G). Use Schedule D,  Column 2: The cre Check all schedule  Schedule D, lir  Schedule E/F, Schedule G, lir   | g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fil editor to whom you owe the debt es that apply:  e line e   |
| 3. In Coin lin Form out C       | o. Go to line 3. es. Did your spouse, former spoulumn 1, list all of your codebie 2 again as a codebtor only in 106D), Schedule E/F (Official Column 2.  Column 1: Your codebtor Name, Number, Street, City, State and Ziname  Name  Street  City   | , Nevada, New Mexico, Pu<br>use, or legal equivalent live<br>tors. Do not include your<br>if that person is a guaran<br>I Form 106E/F), or Sched | e with you at the time?  spouse as a codebto tor or cosigner. Make tule G (Official Form 1 | r if your spouse is filin sure you have listed to 106G). Use Schedule D, Column 2: The crucheck all schedule D, Iir Schedule E/F, Schedule G, Iir Schedule D, Iir Schedule E/F, Schedule D, Iir Schedule E/F, Schedule D, Iir Schedule E/F, | g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fil editor to whom you owe the debt es that apply:  e line e   |

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

| Eill              | in this information to identify your  | 0000  |   |                     |          |       |            |              |               |                      |               |
|-------------------|---|---|---|---------------------|----------|-------|------------|--------------|---------------|----------------------|---------------|
|                   | , ,   | anice Nichols   |   |                     |          |       |            |              |               |                      |               |
|                   | btor 2 puse, if filing)   |   |   |                     |          | _     |            |              |               |                      |               |
| Uni               | ited States Bankruptcy Court for th   | e: SOUTHERN DISTRIC                                     | CT OF MISSIS  | SSIPPI              |          |       |            |              |               |                      |               |
|                   | se number<br>nown)  |   | Check if this is:  An amended filing  A supplement showing postpetition chapter 13 income as of the following date: |                     |          |       |            |              |               |                      |               |
| 0                 | fficial Form 106I   |   |   |                     |          |       | N          | 1M / DD/ Y   | YYYY          |                      |               |
| S                 | chedule I: Your Inc   | ome   |   |                     |          |       |            |              |               |                      | 12/15         |
| spo<br>atta<br>Pa | plying correct information. If you see. If you are separated and you had a separate sheet to this form  The separate sheet to this form  The separate sheet to this form  The separate sheet to this form | ur spouse is not filing w<br>. On the top of any additi | ith you, do n   | ot include i        | inforn   | natio | on about   | your spo     | ouse. If mo   | re space             | is needed,    |
| 1.                | Fill in your employment information.  |   | Debtor 1  |                     |          |       |            | Debtor 2     | 2 or non-fili | ng spou              | se            |
|                   | If you have more than one job, attach a separate page with  | Employment status                                       | ■ Employ  | ed                  |          |       |            | ☐ Empl       | •             |                      |               |
|                   | information about additional employers.   | Occupation  | ☐ Not employed  |                     |          |       |            | ☐ Not e      | mployed       |                      |               |
|                   | Include part-time, seasonal, or self-employed work.   | Employer's name   | MS Dept   | of Health           |          |       |            |              |               |                      |               |
|                   | Occupation may include student or homemaker, if it applies.   | Employer's address                                      |   | oodrow W<br>MS 3920 |          | l     |            | -            |               |                      |               |
|                   |   | How long employed t                                     | here?   | 5 months            |          |       |            | _            |               |                      |               |
| Pa                | rt 2: Give Details About Mo   | onthly Income   |   |                     |          |       |            |              |               |                      |               |
|                   | imate monthly income as of the use unless you are separated.  | date you file this form. If                             | you have noth   | ning to repo        | rt for a | any I | ine, write | 9 \$0 in the | space. Incl   | ude your             | non-filing    |
|                   | ou or your non-filing spouse have n<br>e space, attach a separate sheet t   |   | ombine the inf  | formation fo        | r all e  | mplo  | yers for   | that perso   | on on the lin | es below             | . If you need |
|                   |   |   |   |                     |          |       | For Del    | otor 1       | For Deb       | tor 2 or<br>ig spous | e             |
| 2.                | List monthly gross wages, sal deductions). If not paid monthly  |   |   |                     | 2.       | \$    | 1          | ,685.01      | \$            | N/                   | <u>/A</u>     |
| 3.                | Estimate and list monthly over  | time pay.   |   |                     | 3.       | +\$   |            | 0.00         | +\$           | N/                   | <u>'A</u>     |

Official Form 106I Schedule I: Your Income page 1

1,685.01

N/A

Calculate gross Income. Add line 2 + line 3.

| Deb | tor 1  | Crystal Shanice Nichols  | -          | Case    | number (if known) |      |                           |          |  |
|-----|--|--|------------|---------|-------------------|------|---------------------------|----------|--|
|     |  |  |            | For     | Debtor 1          |      | ebtor 2 or<br>ling spouse |          |  |
|     | Cop  | y line 4 here  | 4.         | \$      | 1,685.01          | \$   | N/A                       | -        |  |
| 5.  | l ist  | all payroll deductions:  |            |         |                   |      |                           |          |  |
| J.  | 5a.  | Tax, Medicare, and Social Security deductions  | 5a.        | \$      | 404 EE            | \$   | NI/A                      |          |  |
|     | 5a.<br>5b.   | Mandatory contributions for retirement plans   | 5a.<br>5b. | \$<br>_ | 121.55<br>151.65  | \$   | N/A<br>N/A                | _        |  |
|     | 5c.  | Voluntary contributions for retirement plans   | 5c.        | \$_     | 0.00              | \$   | N/A                       |          |  |
|     | 5d.  | Required repayments of retirement fund loans   | 5d.        | \$_     | 0.00              | \$   | N/A                       | -        |  |
|     | 5e.  | Insurance  | 5e.        | \$_     | 96.20             | \$   | N/A                       | -        |  |
|     | 5f.  | Domestic support obligations   | 5f.        | \$      | 0.00              | \$   | N/A                       | _        |  |
|     | 5g.  | Union dues   | 5g.        | \$_     | 0.00              | \$   | N/A                       | _        |  |
|     | 5h.  | Other deductions. Specify:   | 5h.+       | \$      | 0.00              | + \$ | N/A                       | =        |  |
| 6.  | Add  | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.         | \$_     | 369.40            | \$   | N/A                       | _        |  |
| 7.  | Cal  | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.         | \$      | 1,315.61          | \$   | N/A                       | _        |  |
| 8.  | List<br>8a.  | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                      |            |         |                   |      |                           |          |  |
|     |  | monthly net income.  | 8a.        | \$_     | 0.00              | \$   | N/A                       | _        |  |
|     | 8b.  | Interest and dividends   | 8b.        | \$      | 0.00              | \$   | N/A                       | -        |  |
|     | 8c.  | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce  |            |         |                   |      |                           |          |  |
|     |  | settlement, and property settlement.   | 8c.        | \$      | 118.00            | \$   | N/A                       |          |  |
|     | 8d.  | Unemployment compensation  | 8d.        | \$      | 0.00              | \$   | N/A                       | -        |  |
|     | 8e.  | Social Security  | 8e.        | \$      | 0.00              | \$   | N/A                       | _        |  |
|     | 8f.  | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Son's SSI | 8f.        | \$      | 914.00            | \$   | N/A                       |          |  |
|     | 8g.  | Pension or retirement income   | <br>8g.    | \$      | 0.00              | \$   | N/A                       | _        |  |
|     | 8h.  | Other monthly income. Specify:   | 8h.+       | \$      | 0.00              | + \$ | N/A                       | _        |  |
| 9.  | Add  | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.         | \$      | 1,032.00          | \$   | N/A                       | A        |  |
| 10. |  | · · · · · · · · · · · · · · · · · · ·  | 10. \$     | :       | 2,347.61 + \$     |      | N/A = \$                  | 2,347.61 |  |
|     | Add  | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |            |         |                   |      |                           |          |  |
| 11. | 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00 |  |            |         |                   |      |                           |          |  |
| 12. |  | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainlies   |            |         |                   |      | 12. \$                    | 2,347.61 |  |
|     |  |  |            |         |                   |      |                           | y income |  |
| 13. | Do :   | you expect an increase or decrease within the year after you file this form No.  Yes. Explain:   | ?          |         |                   |      |                           |          |  |

| Fill   | in this information to identify your case:   |  |                          |                               |
|--------|--|--|--------------------------|-------------------------------|
| Deb    | otor 1 Crystal Shanice Nichols   |  | Check if this is:        |                               |
| Dec    | Crystal Stianice Nichols   |  | ☐ An amended filing      |                               |
| Deb    | otor 2   |  |                          | wing postpetition chapter     |
| (Sp    | ouse, if filing)   |  | 13 expenses as of        | the following date:           |
| Unit   | ted States Bankruptcy Court for the: SOUTHERN DISTRICT OF MISS   | ISSIPPI  | MM / DD / YYYY           |                               |
| Cas    | se number  |  |                          |                               |
| (If k  | nown)  |  |                          |                               |
| $\sim$ | fficial Form 106 l   |  |                          |                               |
|        | fficial Form 106J<br>chedule J: Your Expenses  |  |                          | 12/1:                         |
| Ве     | as complete and accurate as possible. If two married people ar   |  |                          | or supplying correct          |
|        | ormation. If more space is needed, attach another sheet to this mber (if known). Answer every question.  | form. On the top of any a                        | dditional pages, write y | our name and case             |
|        | t 1: Describe Your Household   |  |                          |                               |
| 1.     | Is this a joint case?  |  |                          |                               |
|        | <ul><li>No. Go to line 2.</li><li>☐ Yes. Does Debtor 2 live in a separate household?</li></ul>   |  |                          |                               |
|        | □ No   |  |                          |                               |
|        | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses   | s for Separate Household of                      | f Debtor 2.              |                               |
| 2.     | Do you have dependents?  |  |                          |                               |
|        | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent  | Dependent's relationship<br>Debtor 1 or Debtor 2 | to Dependent's age       | Does dependent live with you? |
|        | Do not state the   |  |                          | □ No                          |
|        | dependents names.  | Daughter   | <u>2</u>                 | Yes                           |
|        |  | Danaktan   | -                        | □ No                          |
|        |  | Daughter   | 7                        | ■ Yes                         |
|        |  | Son  | 8                        | □ No                          |
|        |  | 3011   |                          | ■ Yes<br>□ No                 |
|        |  | Son  | 9                        | ■ Yes                         |
|        |  |  |                          | ■ res                         |
|        |  | Son  | 13                       | ■ Yes                         |
|        |  |  |                          | □ No                          |
|        |  | Daughter   | 15                       | ■ Yes                         |
| 3.     | Do your expenses include expenses of people other than yourself and your dependents? ■ No Yes  |  |                          |                               |
| Est    | t 2: Estimate Your Ongoing Monthly Expenses<br>timate your expenses as of your bankruptcy filing date unless y<br>penses as of a date after the bankruptcy is filed. If this is a supp |  |                          |                               |
|        | plicable date.   | 2 22232 5, 6116                                  |                          |                               |
| Inc    | lude expenses paid for with non-cash government assistance i   | f you know                                       |                          |                               |
|        | value of such assistance and have included it on <i>Schedule I:</i> ) ficial Form 106I.)   | Your Income                                      | Your exp                 | enses                         |
| (0)    | incial Form 100i.)   |  |                          |                               |
| 4.     | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.  | nclude first mortgage                            | 4. \$                    | 1,325.00                      |
|        | If not included in line 4:   |  |                          |                               |
|        | 4a. Real estate taxes  | 2  | 4a. \$                   | 0.00                          |
|        | 4b. Property, homeowner's, or renter's insurance   |  | 4b. \$                   | 0.00                          |
|        | 4c. Home maintenance, repair, and upkeep expenses  | 4  | 4c. \$                   | 0.00                          |

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| Debto | 1 Crystal Shanice Nichols   | Case number (if known) |      |
|-------|---|------------------------|------|
| 4     | d. Homeowner's association or condominium dues                            | 4d. \$                 | 0.00 |
| 5.    | dditional mortgage payments for your residence, such as home equity loans | 5. \$                  | 0.00 |

| Debtor 1              | 1 Cry     | Crystal Shanice Nichols |   | Case             | Case number (if known) |                                       |                          |  |
|-----------------------|-----------|-------------------------|---|------------------|------------------------|---------------------------------------|--------------------------|--|
| S. Uti                | ilities:  |                         |   |                  |                        |                                       |                          |  |
| o. <b>O</b> ti<br>6a. |           | ctricity                | heat, natural gas   |                  | 6a.                    | \$                                    | 100.00                   |  |
| 6b.                   |           | •                       | rer, garbage collection   |                  | 6b.                    | · <del></del>                         | 10.00                    |  |
| 6c.                   |           |                         | cell phone, Internet, satellite, and cable services   |                  | 6c.                    | · · · · · · · · · · · · · · · · · · · | 70.00                    |  |
| 6d.                   |           | er. Spe                 |   |                  | 6d.                    | ·                                     | 0.00                     |  |
|                       |           |                         | keeping supplies  | <del></del>      | 7.                     | \$                                    | 300.00                   |  |
|                       |           |                         | nildren's education costs   |                  | 8.                     | \$                                    | 0.00                     |  |
| _                     |           |                         | y, and dry cleaning   |                  | 9.                     | \$                                    |                          |  |
|                       | -         |                         |   |                  | 9.<br>10.              | \$                                    | 10.00<br>10.00           |  |
|                       |           | •                       | oducts and services tal expenses  |                  | 11.                    | \$                                    |                          |  |
|                       |           |                         | Include gas, maintenance, bus or train fare.  |                  | 11.                    | Φ                                     | 10.00                    |  |
|                       |           |                         | r payments.   |                  | 12.                    | \$                                    | 100.00                   |  |
|                       |           |                         | lubs, recreation, newspapers, magazines, and books  |                  | 13.                    |                                       | 10.00                    |  |
|                       |           |                         | ibutions and religious donations  |                  | 14.                    | ·                                     | 0.00                     |  |
|                       | surance   |                         | ibutions and rengious donations   |                  | 17.                    | Ψ                                     | 0.00                     |  |
| -                     |           |                         | surance deducted from your pay or included in lines 4 or 2  | 0.               |                        |                                       |                          |  |
|                       | a. Life   |                         |   |                  | 5a.                    | \$                                    | 0.00                     |  |
| 15l                   | b. Heal   | ılth insu               | rance   |                  | 5b.                    | ·                                     | 0.00                     |  |
|                       | c. Vehi   |                         |   |                  | 5c.                    | ·                                     | 100.00                   |  |
|                       |           |                         | ance. Specify:  |                  | 5d.                    | *                                     | 0.00                     |  |
|                       |           |                         | clude taxes deducted from your pay or included in lines 4 c   |                  | ٠                      | <u> </u>                              | 0.00                     |  |
|                       | ecify:    | 7 1100 1110             | nade taxes acadoted from your pay or moladed in lines 4 c   |                  | 16.                    | \$                                    | 0.00                     |  |
|                       | , _       | nt or le                | ase payments:   |                  |                        | *                                     |                          |  |
|                       |           |                         | nts for Vehicle 1   | 1                | 7a.                    | \$                                    | 300.00                   |  |
|                       |           | -                       | nts for Vehicle 2   | 1                | 7b.                    | \$                                    | 0.00                     |  |
|                       | c. Othe   |                         |   | 1                | 7c.                    | \$                                    | 0.00                     |  |
|                       | d. Othe   |                         |   |                  | 7d.                    | · -                                   | 0.00                     |  |
|                       |           |                         | of alimony, maintenance, and support that you did not   |                  |                        |                                       | <del></del>              |  |
|                       |           |                         | our pay on line 5, Schedule I, Your Income (Official Fo   |                  | 18.                    | \$                                    | 0.00                     |  |
| 9. Otl                | her pay   | ments                   | you make to support others who do not live with you.  |                  |                        | \$                                    | 0.00                     |  |
| Sp                    | ecify:    |                         |   |                  | 19.                    |                                       |                          |  |
| 0. <b>Otl</b>         | her real  | l prope                 | rty expenses not included in lines 4 or 5 of this form of   | or on Schedule I | : Yo                   | our Income.                           |                          |  |
| 208                   | a. Mort   | tgages                  | on other property   | 2                | 0a.                    | \$                                    | 0.00                     |  |
| 20l                   | b. Real   | ıl estate               | etaxes  | 2                | 0b.                    | \$                                    | 0.00                     |  |
| 200                   | c. Prop   | perty, h                | omeowner's, or renter's insurance   | 2                | 20c.                   | \$                                    | 0.00                     |  |
| 200                   | d. Mair   | ntenan                  | ce, repair, and upkeep expenses   | 2                | 0d.                    | \$                                    | 0.00                     |  |
| 206                   | e. Hom    | neowne                  | er's association or condominium dues  | 2                | 0e.                    | \$                                    | 0.00                     |  |
| 1. Otl                | her: Spe  | ecify:                  |   |                  | 21.                    | +\$                                   | 0.00                     |  |
|                       |           | -                       |   |                  |                        |                                       |                          |  |
|                       |           | -                       | nonthly expenses  |                  |                        |                                       |                          |  |
|                       |           |                         | hrough 21.  |                  |                        | \$                                    | 2,345.00                 |  |
| 22h                   | b. Copy   | line 22                 | (monthly expenses for Debtor 2), if any, from Official Forr   | m 106J-2         |                        | \$                                    |                          |  |
| 220                   | c. Add li | ine 22a                 | and 22b. The result is your monthly expenses.   |                  |                        | \$                                    | 2,345.00                 |  |
| 2 ^-                  | loulete   |                         | aonthly not income  |                  |                        |                                       |                          |  |
|                       |           | -                       | nonthly net income.   | •                | 20                     | ¢                                     | 0.047.04                 |  |
|                       |           | -                       | 2 (your combined monthly income) from Schedule I.   |                  | 3a.                    |                                       | 2,347.61                 |  |
| 231                   | b. Cop    | y your                  | monthly expenses from line 22c above.   | 2                | 3b.                    | -⊅                                    | 2,345.00                 |  |
| 20.                   | o Cuba    | troot ve                | our monthly expenses from your monthly income.  |                  |                        |                                       |                          |  |
| 230                   |           |                         | s your <i>monthly net income</i> .  | 2                | 23c.                   | \$                                    | 2.61                     |  |
| For                   | example   | e, do you               | n increase or decrease in your expenses within the yeu expect to finish paying for your car loan within the year or do you erms of your mortgage? |                  |                        |                                       | or decrease because of a |  |
|                       |           | ו נט נוופ נ             | erms or your moreyage:  |                  |                        |                                       |                          |  |
|                       | No.       | r                       |   |                  |                        |                                       |                          |  |
|                       | Yes.      | Į                       | Explain here:   |                  |                        |                                       |                          |  |

| Fill in this infor  | mation to identify your                            | 00001                     |                             |                               |                                      |
|---------------------|--|---------------------------|-----------------------------|-------------------------------|--------------------------------------|
|                     |  |                           |                             |                               |                                      |
| Debtor 1            | Crystal Shanice I                                  | Nichols  Middle Name      | Last Name                   |                               |                                      |
| Debtor 2            | . not reamo  | mado rame                 | <u> Luot Hamo</u>           |                               |                                      |
| (Spouse if, filing) | First Name   | Middle Name               | Last Name                   |                               |                                      |
| United States Ba    | ankruptcy Court for the:                           | SOUTHERN DISTRICT         | OF MISSISSIPPI              |                               |                                      |
| Case number         |  |                           |                             |                               |                                      |
| (if known)          |  |                           |                             |                               | ☐ Check if this is an amended filing |
| Official Forr       | m 106Dec   |                           |                             |                               |                                      |
| Declarat            | tion About a                                       | ın Individual             | <b>Debtor's Sc</b>          | hedules                       | 12/15                                |
| £ 4                 |  |                           |                             |                               |                                      |
| r two married po    | eopie are filing togethe                           | r, both are equally respo | nsible for supplying corr   | rect information.             |                                      |
| ou must file thi    | is form whenever you f                             | le bankruptcy schedules   | s or amended schedules.     | . Making a false statement    | , concealing property, or            |
| btaining mone       | y or property by fraud i                           | n connection with a ban   |                             | n fines up to \$250,000, or i |                                      |
| ears, or both. 1    | 8 U.S.C. §§ 152, 1341, 1                           | 519, and 3571.            |                             |                               |                                      |
|                     |  |                           |                             |                               |                                      |
| Sig                 | n Below  |                           |                             |                               |                                      |
| Did you pa          | ay or agree to pay some                            | one who is NOT an atto    | rney to help you fill out b | pankruptcy forms?             |                                      |
| ■ No                |  |                           |                             |                               |                                      |
| □ Yes. I            | Name of person                                     |                           |                             | Attach Bankruptc              | y Petition Preparer's Notice,        |
| <u> </u>            |  |                           |                             |                               | Signature (Official Form 119)        |
|                     |  |                           |                             |                               |                                      |
|                     | alty of perjury, I declare<br>re true and correct. | that I have read the sum  | mary and schedules file     | d with this declaration and   | I                                    |
| X /s/ Crv           | stal Shanice Nichols                               | •                         | X                           |                               |                                      |
| Crysta              | al Shanice Nichols ure of Debtor 1                 |                           | Signature of                | Debtor 2                      |                                      |
| Date                | February 27, 2023                                  |                           | Date                        |                               |                                      |

| Fill i         | n this infor           | mation to identify you     | r case:                                 |  |  |   |
|----------------|------------------------|----------------------------|---|--|--|---|
| Debt           | or 1                   | Crystal Shanice            | Nichols                                 |  |  |   |
|                |                        | First Name                 | Middle Name                             | Last Name  |  |   |
| Debt<br>(Spous | or 2<br>se if, filing) | First Name                 | Middle Name                             | Last Name  |  |   |
| Unite          | ed States Ba           | ankruptcy Court for the:   | SOUTHERN DISTRICT (                     | OF MISSISSIPPI   |  |   |
| Coor           |                        |                            |   |  |  |   |
| (if kno        | e number<br>wn)        |                            |   |  |  | Check if this is an amended filing                    |
| Off            | icial Fo               | orm 107                    |   |  |  |   |
| Sta            | tement                 | of Financial               | Affairs for Indivi                      | duals Filing for B   | ankruptcy                                  | 04/22   |
| inforr         | nation. If n           |                            | attach a separate sheet to              | are filing together, both are<br>this form. On the top of an       |  |   |
| Part           | 1: Give I              | Details About Your Ma      | rital Status and Where You              | ı Lived Before   |  |   |
| 1. \           | What is you            | ır current marital statı   | ıs?                                     |  |  |   |
| ı              | ☐ Married              | 1                          |   |  |  |   |
| i              | Not ma                 |                            |   |  |  |   |
| 2. I           | Ouring the             | last 3 years, have you     | lived anywhere other than               | where you live now?  |  |   |
|                | N.                     |                            |   |  |  |   |
| '<br>          | ■ No<br>□ Yes. Li:     | st all of the places you I | ived in the last 3 vears. Do n          | ot include where you live now                                      | ٧.   |   |
|                | Debtor 1:              |                            | ŕ                                       | Debtor 2 Prior Ac  |  | Dates Dahter 2  |
|                | Deblor 1.              |                            | Dates Debtor 1 lived there              | Deptor 2 Prior At  | iuress.                                    | Dates Debtor 2 lived there                            |
|                |                        |                            |   | gal equivalent in a commun<br>vada, New Mexico, Puerto R           |  |   |
| ı              | No                     |                            |   |  |  |   |
| [              | ☐ Yes. M               | ake sure you fill out Sci  | nedule H: Your Codebtors (O             | fficial Form 106H).  |  |   |
| Part           | 2 Expla                | in the Sources of You      | r Income                                |  |  |   |
| 4. I           | Did you hay            | ve any income from er      | nnlovment or from operatir              | ng a business during this ye                                       | ear or the two previous cal                | endar vears?  |
| F              | Fill in the tot        | al amount of income yo     | u received from all jobs and            | all businesses, including part<br>e together, list it only once ur | -time activities.                          |   |
| ı              | No                     |                            |   |  |  |   |
| I              | ☐ Yes. Fi              | II in the details.         |   |  |  |   |
|                |                        |                            | Debtor 1                                |  | Debtor 2                                   |   |
|                |                        |                            | Sources of income Check all that apply. | Gross income<br>(before deductions and<br>exclusions)              | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
|                |                        |                            |   |  |  |   |

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| Del | btor 1   | Cry  | stal S                                 | han  | ice Nichol            | s   |  |                               | Ca  | ase number (if known                 | n)             |  |      |
|-----|--|--|--|--|-----------------------|---|--|-------------------------------|---|--------------------------------------|----------------|--|------|
| 5.  | Includ   | de inc   | ome re                                 | gardl  | ess of wheth          | ner that in   | this year or the two   | camples                       | of other income are   | alimony; child sup                   |                |  |      |
|     |  |  |  |  |                       |   | ; rental income; into<br>u have income that                          |                               |   |                                      |                | d gambling and lot                                   | ery  |
|     | List e   | ach s  | ource a                                | and th   | ne gross inco         | ome from  | each source separa   | ately. Do                     | not include income  | that you listed in                   | ine 4.         |  |      |
|     | _  | No<br>Yes. F                                       | Fill in th                             | ie det   | ails.                 |   |  |                               |   |                                      |                |  |      |
|     | _  |  |  |  |                       |   |  |                               |   |                                      |                |  |      |
|     |  |  |  |  |                       |   | s of income<br>e below.  | eacl<br>(befo                 | ss income from<br>n source<br>ore deductions and<br>usions) | Debtor 2 Sources of ir Describe belo |                | Gross income<br>(before deduction<br>and exclusions) | ns   |
| Pai | rt 3:  | List   | Certaiı                                | n Pav  | ments You             | Made Be   | efore You Filed for  | Bankru                        | intcv   |                                      |                |  |      |
|     |  |  |  |  |                       |   |  |                               |   |                                      |                |  |      |
| 6.  | _  | No.  | Neithe                                 | er De  | btor 1 nor E          | Debtor 2 l  | primarily consumon<br>has primarily cons<br>I, family, or househouse | umer de                       | ebts. Consumer de   | bts are defined in 1                 | 11 U.S.C. § 10 | 1(8) as "incurred by                                 | , an |
|     |  |  | During                                 | the s  | 90 days befo          | ore you file  | ed for bankruptcy, o   | did you p                     | ay any creditor a to  | tal of \$7,575* or m                 | ore?           |  |      |
|     |  |  |  |  | Go to line 7          | 7.  |  |                               |   |                                      |                |  |      |
|     |  |  | □ Y                                    | es   | paid that cr          | editor. Do  | litor to whom you pa<br>o not include payme<br>s to an attorney for  | nts for d                     | omestic support ob  |                                      |                |  |      |
|     |  |  | * Sub                                  | ject t   | o adjustmen           | t on 4/01/  | /25 and every 3 yea  | rs after t                    | hat for cases filed o                                       | on or after the date                 | of adjustment  |  |      |
|     | Yes. <b>Debtor 1 or Debtor 2 or both have primarily consumer debts.</b> During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?   |  |  |  |                       |   |  |                               |   |                                      |                |  |      |
|     |  |  | ■ N                                    | 0.   | Go to line 7          | 7.  |  |                               |   |                                      |                |  |      |
|     |  |  |  | ditor to whom you paid a total of \$600 or more and the total amount you paid that credit or domestic support obligations, such as child support and alimony. Also, do not include alkruptcy case. |                       |   |  |                               |   | o an                                 |                |  |      |
|     | Cred   | ditor's  | Name                                   | and  | Address               |   | Dates of paym  | ent                           | Total amount paid   | Amount you still owe                 | Was this p     | payment for  |      |
| 7.  | <ul> <li>Within 1 year before you filed for I Insiders include your relatives; any gof which you are an officer, director, a business you operate as a sole prealimony.</li> <li>No</li> <li>Yes. List all payments to an ins</li> </ul> |  | general p<br>r, person i<br>roprietor. | partners; relatives o<br>in control, or owner  | f any gei<br>of 20% ( | ent on a debt you<br>neral partners; partr<br>or more of their voti | nerships of which y<br>ng securities; and                            | ou are a gene<br>any managing | ral partner; corpora<br>agent, including or                 |                                      |                |  |      |
|     | Insid  | der's  | Name a                                 | and A  | Address               |   | Dates of paym  | ent                           | Total amount paid   | Amount you still owe                 | Reason fo      | r this payment                                       |      |
| 8.  |  |  | ear bef                                | ore y  | ou filed for          | · bankrup   | otcy, did you make   | any pay                       | •   |                                      | account of a   | debt that benefite                                   | d an |
|     |  | sider?<br>clude payments on debts guaranteed or co |  |  | osigned by an inside  | by an insider.  |  |                               |   |                                      |                |  |      |
|     | _  | No   |  |  |                       |   |  |                               |   |                                      |                |  |      |
|     |  |  |  | •  | ents to an in         | sider   | D. (   | •                             | <b>T</b>  |                                      | <b>D</b>       | . 0.1.   |      |
|     | Insid  | der's  | Name a                                 | and A  | Address               |   | Dates of paym  | ent                           | Total amount paid   | Amount you still owe                 |                | or this payment<br>editor's name                     |      |

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| Deb               | tor 1        | Crystal Shanice Nichols   |         |                           | Case number (   | if known)       |                 |                           |
|-------------------|--------------|---|---------|---------------------------|---|-----------------|-----------------|---------------------------|
|                   |              |   |         |                           |   |                 |                 |                           |
| Par               | t 4:         | Identify Legal Actions, Repossess   | sions,  | and Foreclosures          |   |                 |                 |                           |
| 9.                | List al      | n 1 year before you filed for bankrull such matters, including personal injications, and contract disputes. |         |                           | , , ,   |                 | •               | •                         |
|                   | _            | No<br>Yes. Fill in the details.   |         |                           |   |                 |                 |                           |
|                   |              | e title<br>e number   | N       | lature of the case        | Court or agency                                       |                 | Status of th    | e case                    |
| 10.               |              | n 1 year before you filed for bankr<br>k all that apply and fill in the details b                           |         | was any of your prope     | rty repossessed, foreclosed,                          | garnis          | hed, attached   | I, seized, or levied?     |
|                   |              | No. Go to line 11.<br>Yes. Fill in the information below.   |         |                           |   |                 |                 |                           |
|                   | Cred         | litor Name and Address  |         | escribe the Property      |   | Date            |                 | Value of the<br>property  |
|                   | \A/:4 -:     | n 00 daga hafaya yayı filad fan hand  |         | xplain what happened      |   |                 |                 |                           |
| 11.               | acco         | n 90 days before you filed for bank<br>unts or refuse to make a payment l<br>No                             |         |                           | uding a bank or financial ins                         | titution        | , set off any a | imounts from your         |
|                   |              | Yes. Fill in the details.   |         |                           |   | _               |                 |                           |
|                   | Cred         | litor Name and Address  | D       | escribe the action the    | creditor took   | Date a          | action was      | Amount                    |
|                   |              | n 1 year before you filed for bankr<br>-appointed receiver, a custodian, o                                  |         |                           | rty in the possession of an a                         | ssigne          | e for the bene  | efit of creditors, a      |
|                   | _            | No<br>Yes   |         |                           |   |                 |                 |                           |
| Par               | t 5:         | List Certain Gifts and Contributio  | ns      |                           |   |                 |                 |                           |
| 13.               | _            | n 2 years before you filed for bank   | ruptcy  | , did you give any gifts  | with a total value of more th                         | an \$600        | 0 per person    | ?                         |
|                   | _            | No  |         |                           |   |                 |                 |                           |
|                   | Gifts        | Yes. Fill in the details for each gift. s with a total value of more than \$6 person                        | 00      | Describe the gifts        |   | Dates<br>the gi | you gave        | Value                     |
|                   |              | on to Whom You Gave the Gift and  | t       |                           |   |                 |                 |                           |
| 14.               | _            | n 2 years before you filed for bank   | ruptcy  | , did you give any gifts  | or contributions with a total                         | value o         | of more than    | \$600 to any charity?     |
|                   |              | Yes. Fill in the details for each gift or   | contrib | ution.                    |   |                 |                 |                           |
|                   | more<br>Char | s or contributions to charities that<br>e than \$600<br>rity's Name   |         | Describe what you         | contributed   | Dates<br>contri | you<br>ibuted   | Value                     |
|                   |              | ress (Number, Street, City, State and ZIP Cod   | de)     |                           |   |                 |                 |                           |
| <b>Par</b><br>15. | Withi        | List Certain Losses  n 1 year before you filed for bankri mbling?   | uptcy o | or since you filed for ba | ankruptcy, did you lose anytl                         | ning be         | cause of thef   | t, fire, other disaster,  |
|                   | <b>I</b>     | No  |         |                           |   |                 |                 |                           |
|                   |              | Yes. Fill in the details.   | Door    | rihe any incurence co     | verage for the loss                                   | Data :          | of vour         | Value of property         |
|                   |              | cribe the property you lost and the loss occurred   | Inclu   |                           | ance has paid. List pending f Schedule A/B: Property. | loss            | of your         | Value of property<br>lost |

Debtor 1 Crystal Shanice Nichols

Case number (if known)

| Par  | t 7: List Certain Payments or Transfers  |   |   |  |   |  |  |  |  |
|--|--|---|---|--|---|--|--|--|--|
| 16.  | Within 1 year before you filed for bankruptor consulted about seeking bankruptcy or pre Include any attorneys, bankruptcy petition pre   | eparing a bankruptcy pe                                 | tition?   |  |   |  |  |  |  |
|  | □ No   |   |   |  |   |  |  |  |  |
|  | Yes. Fill in the details.  |   |   |  |   |  |  |  |  |
|  | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You  | transferred   | Description and value of any property transferred |  | Amount of payment                             |  |  |  |  |
|  | Ash Law Firm, PLLC<br>1818 Crane Ridge Drive<br>Suite 100<br>Jackson, MS 39216   | \$800.00  |   |  |   |  |  |  |  |
| <ul> <li>Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?</li> <li>Do not include any payment or transfer that you listed on line 16.</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |  |   |   |  |   |  |  |  |  |
|  | Person Who Was Paid<br>Address   | Description and transferred                             | value of any proper                               | rty Date payment<br>or transfer was<br>made                          | Amount of payment                             |  |  |  |  |
| 18.  | Within 2 years before you filed for bankrup transferred in the ordinary course of your be include both outright transfers and transfers minclude gifts and transfers that you have alread No  Yes. Fill in the details.  | business or financial affi<br>nade as security (such as | airs?<br>the granting of a sec                    |  |   |  |  |  |  |
|  | Person Who Received Transfer<br>Address<br>Person's relationship to you  | Description and property transfer                       |   | Describe any property or payments received or debts paid in exchange | Date transfer was made                        |  |  |  |  |
| 19.  | <ul> <li>Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>   |   |   |  |   |  |  |  |  |
|  | Name of trust  | Description and   | Description and value of the property transferred |  |   |  |  |  |  |
| Par  | t 8: List of Certain Financial Accounts, In  | nstruments, Safe Deposi                                 | t Boxes, and Stora                                | ge Units   |   |  |  |  |  |
| 20.  | <ul> <li>Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?</li> <li>Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |   |   |  |   |  |  |  |  |
|  | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)   | Last 4 digits of account number                         | Type of account instrument                        | or Date account was closed, sold, moved, or transferred              | Last balance<br>before closing or<br>transfer |  |  |  |  |
|  |  |   |   |  |   |  |  |  |  |

| Del | otor 1  | Crystal Shanice Nichols   |  | Case number (if known)                  |                       |  |  |  |  |
|-----|---|---|--|---|-----------------------|--|--|--|--|
| 21. |   | ou now have, or did you have within 1 year<br>, or other valuables?   | before you filed for bankruptcy, a   | ny safe deposit box or other deposito   | ory for securities,   |  |  |  |  |
|     | _   | No<br>Yes. Fill in the details.   |  |   |                       |  |  |  |  |
|     |   | re of Financial Institution ress (Number, Street, City, State and ZIP Code)   | Who else had access to it? Address (Number, Street, City, State and ZIP Code)        | Describe the contents                   | Do you still have it? |  |  |  |  |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? |   |  |   |                       |  |  |  |  |
|     | _   | No<br>Yes. Fill in the details.   |  |   |                       |  |  |  |  |
|     |   | ne of Storage Facility ress (Number, Street, City, State and ZIP Code)  | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents                   | Do you still have it? |  |  |  |  |
| Pai | rt 9:   | Identify Property You Hold or Control for   | Someone Else   |   |                       |  |  |  |  |
| 23. |   | ou hold or control any property that someo<br>omeone.   | one else owns? Include any proper  | ty you borrowed from, are storing for   | , or hold in trust    |  |  |  |  |
|     | _   | No<br>Yes. Fill in the details.   |  |   |                       |  |  |  |  |
|     |   | ner's Name<br>ress (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)              | Describe the property                   | Value                 |  |  |  |  |
| Pai | rt 10:  | Give Details About Environmental Informa  | ation  |   |                       |  |  |  |  |
| For | the pu  | rpose of Part 10, the following definitions   | apply:   |   |                       |  |  |  |  |
|     | toxic   | conmental law means any federal, state, or<br>substances, wastes, or material into the a<br>ations controlling the cleanup of these sub | ir, land, soil, surface water, ground  | - ·                                     |                       |  |  |  |  |
|     |   | neans any location, facility, or property as  | · ·  | aw, whether you now own, operate,       | or utilize it or used |  |  |  |  |
|     |   | rdous material means anything an environ<br>rdous material, pollutant, contaminant, or s  |  | waste, hazardous substance, toxic s     | substance,            |  |  |  |  |
| Rep | ort all   | notices, releases, and proceedings that yo  | ou know about, regardless of wher  | they occurred.                          |                       |  |  |  |  |
| 24. | Has a   | any governmental unit notified you that you   | u may be liable or potentially liable  | under or in violation of an environment | ental law?            |  |  |  |  |
|     | _   | No<br>Yes. Fill in the details.   |  |   |                       |  |  |  |  |
|     |   | ne of site ress (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)           | Environmental law, if you know it       | Date of notice        |  |  |  |  |
| 25. | Have you notified any governmental unit of any release of hazardous material?   |   |  |   |                       |  |  |  |  |

Address (Number, Street, City, State and ZIP Code)

Environmental law, if you

know it

Governmental unit

Date of notice

No

Name of site

☐ Yes. Fill in the details.

Address (Number, Street, City, State and ZIP Code)

| Debtor 1 Crystal S | hanice Nichols |
|--------------------|----------------|
|--------------------|----------------|

Case number (if known)

| Case Number    Name Address (Number, Street, City, State and ZIP Code)   | 26. | . Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.  |  |   |          |  |                    |  |  |  |
|--|-----|--|--|---|----------|--|--------------------|--|--|--|
| Case Title Case Number    Court or agency Name Address (Number, Street, City, State and ZIP Code)  |     |  | No   |   |          |  |                    |  |  |  |
| Case Number    Name Address (Number, Street, City, State and ZIP Code)   |     |  | Yes. Fill in the details.  |   |          |  |                    |  |  |  |
| 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?    A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time   A member of a limited liability company (LLC) or limited liability partnership (LLP)   A partner in a partnership   An officer, director, or managing executive of a corporation   An owner of at least 5% of the voting or equity securities of a corporation   No. None of the above applies. Go to Part 12.   Yes. Check all that apply above and fill in the details below for each business.   Business Name   Describe the nature of the business   Address (Number, Street, City, State and ZIP Code)   Name of accountant or bookkeeper   Dates business existed   28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial stitutions, creditors, or other parties.   No   |     |  |  | Name<br>Address (Number, Street, City,  | Nati     | ure of the case                                | Status of the case |  |  |  |
| □ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time         □ A member of a limited liability company (LLC) or limited liability partnership (LLP)         □ A partner in a partnership         □ An officer, director, or managing executive of a corporation         □ An owner of at least 5% of the voting or equity securities of a corporation         ■ No. None of the above applies. Go to Part 12.         □ Yes. Check all that apply above and fill in the details below for each business.         Business Name       Describe the nature of the business         Address       Name of accountant or bookkeeper         Name of accountant or bookkeeper       Dates business existed           28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.         ■ No       Yes. Fill in the details below.   | Par | t 11:  | Give Details About Your Business or C  | Connections to Any Business             |          |  |                    |  |  |  |
| □ A member of a limited liability company (LLC) or limited liability partnership (LLP)         □ A partner in a partnership         □ An officer, director, or managing executive of a corporation         □ An owner of at least 5% of the voting or equity securities of a corporation         ■ No. None of the above applies. Go to Part 12.         □ Yes. Check all that apply above and fill in the details below for each business.         Business Name Address (Number, Street, City, State and ZIP Code)       Describe the nature of the business Name of accountant or bookkeeper         Name of accountant or bookkeeper       Dates business existed     28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.  ■ No  □ Yes. Fill in the details below.  | 27. | With   | in 4 years before you filed for bankrupto  | cy, did you own a business or have an   | y of t   | he following connections to any                | y business?        |  |  |  |
| □ A partner in a partnership □ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business.  Business Name Address (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Dates business existed  Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financinstitutions, creditors, or other parties.  No □ Yes. Fill in the details below.   |     |  | lacksquare A sole proprietor or self-employed in                                       | a trade, profession, or other activity, | eithe    | er full-time or part-time                      |                    |  |  |  |
| □ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business.  Business Name Address (Number, Street, City, State and ZIP Code)  Describe the nature of the business Name of accountant or bookkeeper  Do not include Social Security number or Include Social Security number |     |  | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) |   |          |  |                    |  |  |  |
| □ An owner of at least 5% of the voting or equity securities of a corporation  ■ No. None of the above applies. Go to Part 12.  □ Yes. Check all that apply above and fill in the details below for each business.  Business Name Address (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Dates business existed  28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial statement to anyone about your business? Include all financial statement to anyone about your business? Include all financial statement to anyone about your business? Include all financial statement to anyone about your business?  |     |  | ☐ A partner in a partnership   |   |          |  |                    |  |  |  |
| No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Business Name Address (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Name of accountant or bookkeeper  Name of accountant or bookkeeper  Dates business existed  28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial statement to anyone about your business? Include all financial statement to anyone about your business? Include all financial statement to anyone about your business?  |     |  | ☐ An officer, director, or managing exe  | cutive of a corporation                 |          |  |                    |  |  |  |
| Yes. Check all that apply above and fill in the details below for each business.  Business Name Address (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Name of accountant or bookkeeper  Dates business existed  28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial statement to anyone about your business? Include all financial statement to anyone about your business? Include all financial statement to anyone about your business?   |     |  | ☐ An owner of at least 5% of the voting  | or equity securities of a corporation   |          |  |                    |  |  |  |
| Business Name Address (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Name of accountant or bookkeeper  Do not include Social Security number or I Dates business existed  28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial statement to anyone about your business? Include all financial statement to anyone about your business? Include all financial statement to anyone about your business? Include all financial statement to anyone about your business? Include all financial statement to anyone about your business?  |     | No. None of the above applies. Go to Part 12.  |  |   |          |  |                    |  |  |  |
| Address (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Dates business existed  28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.  No  Yes. Fill in the details below.  |     |  | Yes. Check all that apply above and fill   | in the details below for each business  | <b>.</b> |  |                    |  |  |  |
| Name of accountant or bookkeeper  Dates business existed  28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.  No  Yes. Fill in the details below.  |     |  |  | Describe the nature of the business     |          |  |                    |  |  |  |
| <ul> <li>28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all finan institutions, creditors, or other parties.</li> <li>■ No</li> <li>□ Yes. Fill in the details below.</li> </ul>  |     |  |  | ame of accountant or bookkeeper         |          | Do not include Social Security number or ITIN. |                    |  |  |  |
| institutions, creditors, or other parties.  ■ No □ Yes. Fill in the details below.   |     |  |  |   |          | Dates business existed                         |                    |  |  |  |
| Yes. Fill in the details below.  |     | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. |  |   |          |  |                    |  |  |  |
|  |     |  |  |   |          |  |                    |  |  |  |
|  |     | _  |  | Data lasued                             |          |  |                    |  |  |  |
| Name Address (Number, Street, City, State and ZIP Code)  |     | Add  | dress  | Date Issued                             |          |  |                    |  |  |  |

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| Debto             | Crystal Shanice Nic                      | hois  | Case number (if known)  |
|-------------------|--|---|---|
|                   |  |   |   |
| Part 1            | 2: Sign Below                            |   |   |
| are tru<br>with a | ue and correct. I understand             | d that making a false statement, concealing prop<br>t in fines up to \$250,000, or imprisonment for u | nts, and I declare under penalty of perjury that the answers perty, or obtaining money or property by fraud in connection p to 20 years, or both. |
| /s/ Cı            | rystal Shanice Nichols                   |   |   |
| •                 | tal Shanice Nichols<br>ature of Debtor 1 | Signature of Debtor 2   |   |
| Date              | February 27, 2023                        | Date  |   |
| Did yo            | ou attach additional pages t             | o Your Statement of Financial Affairs for Individ   | duals Filing for Bankruptcy (Official Form 107)?  |
| ■ No              |  |   |   |
| ☐ Yes             | S  |   |   |
| Did yo<br>■ No    |  | eone who is not an attorney to help you fill out b  | pankruptcy forms?   |
| ☐ Yes             | s. Name of Person . At                   | ttach the Bankruptcv Petition Preparer's Notice. De   | claration, and Signature (Official Form 119).   |

|                                   | nation to identify your o                       |                     |  |  |
|-----------------------------------|---|---------------------|--|--|
| Debtor 1                          | Crystal Shanice N                               | Middle Name         | Last Name  | _  |
| Debtor 2                          |   |                     |  | _  |
| (Spouse if, filing)               | First Name                                      | Middle Name         | Last Name  |  |
| United States Bar                 | kruptcy Court for the:                          | SOUTHERN DIST       | FRICT OF MISSISSIPPI   | _  |
| Case number                       |   |                     |  |  |
| (if known)                        |   |                     |  | ☐ Check if this is an                                      |
|                                   |   |                     |  | amended filing   |
|                                   |   |                     |  |  |
| Official For                      | rm 108  |                     |  |  |
| Statemen                          | t of Intention                                  | n for Indiv         | iduals Filing Under Cha  | 12/15 12/15  |
|                                   |   |                     | -  |  |
|                                   | idual filing under chap                         | -                   | I out this form if:  |  |
| _                                 | claims secured by you<br>ed personal property a |                     | ot expired   |  |
| You must file this                | form with the court w                           | ithin 30 days after | you file your bankruptcy petition or by the da   |  |
| whichev<br>on the f               |   | e court extends the | e time for cause. You must also send copies  | to the creditors and lessors you list                      |
| If two mornied no.                | anla ara filing tagathar                        | in a jaint agas ha  | th are equally responsible for supplying corr  | reat information Bath debtars much                         |
| •                                 | d date the form.                                | in a joint case, bo | itti are equaliy responsible for supplying com   | ect information. Both deptors must                         |
| Be as complete a                  | nd accurate as possibl                          | e. If more space is | s needed, attach a separate sheet to this forn   | n. On the top of any additional pages.                     |
|                                   | ur name and case num                            |                     |  |  |
| Part 1: List Yo                   | ur Creditors Who Have                           | Secured Claims      |  |  |
|                                   |   |                     | One disease Wite House Obsines Occurred has De-  | and (Official Forms 400D). Citize the                      |
| 1. For any credito information be | -   | rt 1 of Schedule D  | : Creditors Who Have Claims Secured by Pro   | operty (Official Form 106D), fill in the                   |
| Identify the cre                  | ditor and the property th                       | at is collateral    | What do you intend to do with the propert secures a debt?                                  | y that Did you claim the property as exempt on Schedule C? |
|                                   |   |                     | Secures a dest:  | as exempt on ochedule of                                   |
| Craditaria Mi                     | C Title Leans                                   |                     |  | <b></b>  |
| Creditor's Maname:                | S Title Loans                                   |                     | <ul><li>☐ Surrender the property.</li><li>☐ Retain the property and redeem it.</li></ul>   | □ No   |
|                                   |   |                     | Retain the property and enter into a   | ■ Yes  |
| •                                 | 2014 GMC Acadia reaffirm                        |                     | Reaffirmation Agreement.   |  |
| property securing debt:           |   |                     | ☐ Retain the property and [explain]:   |  |
| o o                               |   |                     |  |  |
|                                   | ur Unexpired Personal                           |                     | in Schodule C. Evenutew. Contracts and Illu  | everyal Leases (Official Form 1066) fill                   |
| in the information                | n below. Do not list rea                        | l estate leases. Un | in Schedule G: Executory Contracts and Undexpired leases are leases that are still in effe | ect; the lease period has not yet ended.                   |
| You may assume                    | an unexpired persona                            | property lease if   | the trustee does not assume it. 11 U.S.C. § 36   | ô5(p)(2).  |
| Describe your un                  | nexpired personal prop                          | erty leases         |  | Will the lease be assumed?                                 |
| Lessor's name:                    |   |                     |  | П Na   |
| Description of lea                | sed   |                     |  | □ No   |
| Property:                         |   |                     |  | ☐ Yes  |
| Lessor's name:                    |   |                     |  | □ No   |
| Description of lea                | sed   |                     |  |  |
| Property:                         |   |                     |  | ☐ Yes  |

| Debtor 1 Crystal Shanice Nichols        | Case number (if known) |
|---|------------------------|
|   |                        |
| Lessor's name:                          | □ No                   |
| Description of leased Property:         | ☐ Yes                  |
| Lessor's name: Description of leased    | □ No                   |
| Property:                               | ☐ Yes                  |
| Lessor's name:<br>Description of leased | □ No                   |
| Property:                               | ☐ Yes                  |
| Lessor's name:<br>Description of leased | □ No                   |
| Property:                               | ☐ Yes                  |
| Lessor's name:<br>Description of leased | □ No                   |
| Property:                               | ☐ Yes                  |

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| Der         | btor 1 Crystal Shanice Nichols   | Case number (if known)   |
|-------------|--|--|
|             |  |  |
|             |  |  |
|             |  |  |
|             |  |  |
|             |  |  |
| Par         | rt 3: Sign Below   |  |
| Und         |  | ed my intention about any property of my estate that secures a debt and any personal |
| Und         | der penalty of perjury, I declare that I have indic  | ed my intention about any property of my estate that secures a debt and any personal |
| Und<br>prop | der penalty of perjury, I declare that I have indic<br>perty that is subject to an unexpired lease.                              |  |
| Und<br>prop | der penalty of perjury, I declare that I have indic<br>perty that is subject to an unexpired lease.  /s/ Crystal Shanice Nichols | x  |

| Fill in this infor  | mation to identify your case:  |  | Ch                                  | eck one                 | box only as d                        | irected in this form and                               | d in Form                         |
|---|--|--|-------------------------------------|-------------------------|--------------------------------------|--|-----------------------------------|
| Debtor 1  | Crystal Shanice Nichols  |  | 12                                  | 2A-1Sup                 | op:                                  |  |                                   |
| Debtor 2  |  |  |                                     | ■ 1 Tb                  | oro io no nroo                       | umption of abuse                                       |                                   |
| (Spouse, if filing)                                       |  |  |                                     |                         | ·                                    | •  |                                   |
| United States I   | Bankruptcy Court for the: Southern District of   | of Mississippi   |                                     |                         |                                      | o determine if a presul<br>nade under <i>Chapter</i> 7 | •                                 |
| Case number   |  |  |                                     |                         |                                      | cial Form 122A-2).                                     |                                   |
| (if known)  |  |  |                                     |                         |                                      | does not apply now be service but it could ap          |                                   |
|   |  |  |                                     | ☐ Che                   | ck if this is a                      | n amended filing                                       |                                   |
| Official F  | orm 122A - 1   |  |                                     |                         |                                      |  |                                   |
| Chapter   | 7 Statement of Your Cur  | rent Mor   | ithly Inc                           | ome                     | •                                    |  | 12/19                             |
| attach a separate<br>case number (if<br>qualifying milita | and accurate as possible. If two married people as sheet to this form. Include the line number to we known). If you believe that you are exempted frow ry service, complete and file Statement of Exempted Iculate Your Current Monthly Income | which the addition<br>m a presumption                      | al information a<br>of abuse becau  | applies. (<br>ise you d | On the top of ar<br>lo not have prin | ny additional pages, wri<br>narily consumer debts o    | te your name and<br>or because of |
|   | vour marital and filing status? Check one or   |  |                                     |                         |                                      |  |                                   |
|   | arried. Fill out Column A, lines 2-11.   | ily.   |                                     |                         |                                      |  |                                   |
|   | ed and your spouse is filing with you. Fill o  | ut hoth Columns  | A and B lines                       | 2-11                    |                                      |  |                                   |
|   | ed and your spouse is NOT filing with you.   |  |                                     | 2-11.                   |                                      |  |                                   |
| _   | ng in the same household and are not lega  | •  | •                                   | Jumne A                 | and R lines 3                        | D_11   |                                   |
| _   | ng separately or are legally separated. Fill   | , ,  |                                     |                         | ,                                    |  | ı declare under                   |
| per   | nalty of perjury that you and your spouse are ling apart for reasons that do not include evadii  | egally separated   | under nonbar                        | kruptcy                 | law that applie                      | es or that you and you                                 |                                   |
| 101(10A). For the 6 months,                               | erage monthly income that you received from all<br>example, if you are filing on September 15, the 6-m<br>add the income for all 6 months and divide the total<br>the same rental property, put the income from that p                         | nonth period would<br>by 6. Fill in the res                | be March 1 throsult. Do not include | ugh Augu<br>de any in   | st 31. If the amo                    | ount of your monthly incorpore than once. For examp    | ne varied during<br>ble, if both  |
|   |  |  |                                     | Columb<br>Debtor        |                                      | Column B Debtor 2 or non-filing spouse                 |                                   |
|   | ss wages, salary, tips, bonuses, overtime, ductions).  | and commissio  | ons (before all                     | \$                      | 1,685.01                             | \$   |                                   |
|   | and maintenance payments. Do not include is filled in.   | payments from a  | a spouse if                         | \$                      | 118.00                               | \$   |                                   |
| of you or<br>from an u<br>and room                        | nts from any source which are regularly party our dependents, including child support nmarried partner, members of your household mates. Include regular contributions from a space on the include payments you listed on line 3.              | <ul> <li>Include regular</li> <li>your depender</li> </ul> | contributions<br>nts, parents,      | \$                      | 0.00                                 | \$   |                                   |
| 5. Net incom  | ne from operating a business, profession,  |  |                                     |                         |                                      |  |                                   |
|   |  | Debt   | tor 1                               |                         |                                      |  |                                   |
|   | eipts (before all deductions)  | \$ <u>0.00</u><br>-\$ <u>0.00</u>                          |                                     |                         |                                      |  |                                   |
| •   | and necessary operating expenses   |  | Copy here ->                        | . ¢                     | 0.00                                 | \$   |                                   |
|   | hly income from a business, profession, or far   | m \$   | Copy liele ->                       | Ψ                       | 0.00                                 | Ψ  |                                   |
| 6. Net incor  | me from rental and other real property   | Deb  | tor 1                               |                         |                                      |  |                                   |
| Gross rec   | eipts (before all deductions)  | \$ 0.00  |                                     |                         |                                      |  |                                   |
|   | and necessary operating expenses   | -\$ 0.00   |                                     |                         |                                      |  |                                   |
|   | hly income from rental or other real property  | \$ 0.00  | Copy here ->                        | \$                      | 0.00                                 | \$   |                                   |
|   | dividends and royalties  |  |                                     | \$                      | 0.00                                 | \$   |                                   |

7. Interest, dividends, and royalties

Case number (if known)

**Crystal Shanice Nichols** 

Debtor 1

|  |  |  |  |  | Column A Debtor 1 |                       | Column B Debtor 2 o                                    | r          |                    |
|--|--|--|--|--|-------------------|-----------------------|--|------------|--------------------|
|  |  |  |  |  | Deptor 1          |                       | non-filing   |            |                    |
| 3. Une   | mployment co   | mpensation   |  |  | \$                | 0.00                  | \$   |            |                    |
| the S  | Social Security  | nount if you contend that the ame<br>Act. Instead, list it here:   |  | efit under   |                   |                       |  |            |                    |
| Fo   | or you   |  | \$   | 0.00   |                   |                       |  |            |                    |
|  |  |  |  |  |                   |                       |  |            |                    |
| bene<br>not ii<br>Unite<br>disal<br>pay i<br>does            | efit under the Sonclude any comed States Gove bility, or death opaid under chaps not exceed the  | nent income. Do not include any ocial Security Act. Also, except a pensation, pension, pay, annuit rument in connection with a disapt a member of the uniformed septer 61 of title 10, then include the amount of retired pay to which provision of title 10 other than old.   | as stated in the next sent<br>ty, or allowance paid by tability, combat-related injectives. If you received a<br>hat pay only to the extenty you would otherwise be                          | tence, do<br>the<br>jury or<br>ny retired<br>t that it | \$                | 0.00                  | \$   |            |                    |
| 0. Inco<br>Do n<br>recei<br>dom<br>Unite<br>disal            | ome from all ot<br>not include any lived as a victim<br>estic terrorism;<br>ed States Gove<br>bility, or death of  | her sources not listed above. benefits received under the Soc of a war crime, a crime against or compensation pension, pay, trament in connection with a disapt a member of the uniformed seate page and put the total below   | Specify the source and ial Security Act; payment humanity, or internation, annuity, or allowance pability, combat-related injervices. If necessary, list                                     | ts<br>al or<br>aid by the<br>ury or                    |                   |                       |  |            |                    |
|  | •  |  |  |  | \$                | 0.00                  | \$   |            |                    |
|  |  |  |  |  | \$                | 0.00                  | \$   |            |                    |
|  | Total amou   | unts from separate pages, if any   | <b>'.</b>  | +  | \$                | 0.00                  | \$   |            |                    |
|  |  | al current monthly income. Ad add the total for Column A to th   |  | \$   | 1,803.01          | + \$ _                |  | = \$       | 1,803.0            |
| art 2:   |  | Whether the Means Test Applications of the years with the second of the years of the years of the years of the years of the years.   |  |  |                   |                       |  |            |                    |
|  | •  |  |  |  |                   |                       |  |            |                    |
| 12a.   | Copy your tota   | al current monthly income from li  |  |  | Copy              | / line 11             | here=>   | \$         | 1.803.0            |
| 12a.   | Copy your tota   | al current monthly income from li  |  |  | Сору              | / line 11             | here=>   | \$         | 1,803.0            |
|  |  | I current monthly income from li   | ne 11  |  | Сору              | / line 11             | here=>   | \$         | •                  |
|  | Multiply by 12   |  | r)   |  | Сору              | / line 11             | <b>here=&gt;</b><br>12b                                | <b>X</b> 1 | •                  |
| 12b.   | Multiply by 12 The result is yo  | (the number of months in a year  | r) of the form   |  | Сору              | / line 11             |  | <b>X</b> 1 | 12                 |
| 12b.<br>3. <b>Calc</b>                                       | Multiply by 12 The result is yo  | (the number of months in a year our annual income for this part or the complex in family income that applies   | r) of the form   |  | Сору              | / line 11             |  | <b>X</b> 1 | 12                 |
| 12b.<br>3. <b>Calc</b><br>Fill in                            | Multiply by 12 The result is your culate the meding the state in whether the state in which is the state in which it which is the state in which is the st | (the number of months in a year our annual income for this part or the part of the family income that applies  | r) of the form s to you. Follow these sto  |  | Сору              | , line 11             |  | <b>X</b> 1 | 12                 |
| 12b. 3. <b>Calc</b> Fill ir Fill ir Fill ir                  | Multiply by 12 The result is you culate the median the state in what the number of an the median fand a list of apple  | (the number of months in a year our annual income for this part of the part of | r) of the form s to you. Follow these ste  MS  7 size of household.  | eps:   |                   |                       | 12b  | <b>X</b> 2 | 12                 |
| 12b. 3. Calc Fill ir Fill ir To fi                           | Multiply by 12 The result is you culate the median the state in what the number of an the median fand a list of apple  | (the number of months in a year our annual income for this part of ian family income that applies hich you live.  If people in your household.  Imily income for your state and so iicable median income amounts, st may also be available at the bound our income and income amounts.   | r) of the form s to you. Follow these ste  MS  7 size of household.  | eps:   |                   |                       | 12b  | X 2        | 21,636.1           |
| 12b. 3. Calc Fill ir Fill ir To fi                           | Multiply by 12 The result is your culate the median the state in when the number of an the median faind a list of application form. This list of do the lines of the Line 12   | (the number of months in a year our annual income for this part of ian family income that applies hich you live.  If people in your household, while income for your state and so licable median income amounts, st may also be available at the becompare?  | of the form  s to you. Follow these ste  MS  7  size of household.  g oo online using the link bankruptcy clerk's office.  | eps:   | in the separa     | te instrud            | 12b  | x 2        | 21,636.1           |
| 12b. 3. Calc Fill ir Fill ir To fi for th                    | Multiply by 12 The result is your culate the median the state in when the number of an the median faind a list of applais form. This list of do the lines of Go to F   | (the number of months in a year our annual income for this part of ian family income that applies hich you live.  If people in your household, amily income for your state and solicable median income amounts, st may also be available at the becompare?   | of the form  s to you. Follow these ste  MS  7  size of household.  , go online using the link bankruptcy clerk's office.  3. On the top of page 1, official Form 122A-2.                    | eps:   | in the separa     | ute instruc           | 12b . 13. ctions                                       | \$         | 09,858.0           |
| 12b. 3. Calc Fill ir Fill ir To fi for th 4. How 14a.        | Multiply by 12 The result is you culate the median the state in what the number of an the median faind a list of applais form. This list of do the lines of Go to F  | (the number of months in a year our annual income for this part of ian family income that applies hich you live.  If people in your household, amily income for your state and solicable median income amounts, st may also be available at the becompare?  2b is less than or equal to line 13. Part 3. Do NOT fill out or file Office is more than line 13. On the topological income than line 13. On the topological income and income amounts.  | of the form  s to you. Follow these ste  MS  7  size of household.  , go online using the link bankruptcy clerk's office.  3. On the top of page 1, official Form 122A-2.                    | eps:   | in the separa     | ute instruc           | 12b . 13. ctions                                       | \$         | 09,858.0           |
| 12b. 3. Calc Fill ir Fill ir To fill for th 4. How 14a. 14b. | Multiply by 12 The result is you culate the median the state in what the number of the the median failed a list of applies form. This list of do the lines of the | (the number of months in a year our annual income for this part of ian family income that applies hich you live.  If people in your household, amily income for your state and solicable median income amounts, st may also be available at the becompare?  2b is less than or equal to line 13. Part 3. Do NOT fill out or file Office is more than line 13. On the topological income than line 13. On the topological income and income amounts.  | r) of the form s to you. Follow these ste  MS  7 size of household. go online using the link pankruptcy clerk's office. 3. On the top of page 1, dicial Form 122A-2. op of page 1, check box | eps:   | in the separa     | no presur<br>abuse is | 12b<br>13.<br>ctions<br>mption of abus<br>determined b | \$ 10 see. | 09,858.0<br>22A-2. |

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| Debtor 1 Crysta | l Shanice Nichols   | Case number (if known) |  |
|-----------------|---|------------------------|--|
|                 | ruary 27, 2023 DD / YYYY  |                        |  |
| If you ch       | hecked line 14a, do NOT fill out or file Form 122A-2.             |                        |  |
| If you ch       | hecked line 14b, fill out Form 122A-2 and file it with this form. |                        |  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| ( | Chapter 7: | Liquidation        |  |
|---|------------|--------------------|--|
|   | \$245      | filing fee         |  |
|   | \$78       | administrative fee |  |
| : | + \$15     | trustee surcharge  |  |
|   | \$338      | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$278 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$313 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Southern District of Mississippi

| In r | e Crystal Shanice Nichols  |  | Case No   |                           |              |
|------|--|--|---|---------------------------|--------------|
|      |  | Debtor(s)  | Chapter   | 7                         |              |
|      | DISCLOSURE OF COMP   | ENSATION OF ATTO   | RNEY FOR D  | EBTOR(S)                  |              |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the fi be rendered on behalf of the debtor(s) in contemplatio  | lling of the petition in bankruptcy  | , or agreed to be pai   | d to me, for services ren | idered or to |
|      | For legal services, I have agreed to accept  |  | s   | 800.00                    |              |
|      | Prior to the filing of this statement I have receive   |  |   | 800.00                    |              |
|      | Balance Due  |  |   | 0.00                      |              |
| 2.   | The source of the compensation paid to me was:   |  |   |                           |              |
|      | ■ Debtor □ Other (specify):  |  |   |                           |              |
| 3.   | The source of compensation to be paid to me is:  |  |   |                           |              |
|      | ■ Debtor □ Other (specify):  |  |   |                           |              |
| 4.   | ■ I have not agreed to share the above-disclosed cor   | mpensation with any other person   | unless they are me  | mbers and associates of   | my law firm. |
|      | ☐ I have agreed to share the above-disclosed competed copy of the agreement, together with a list of the results.  |  |   |                           | w firm. A    |
| 5.   | In return for the above-disclosed fee, I have agreed to  | render legal service for all aspec   | ts of the bankruptcy  | case, including:          |              |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and rer</li> <li>b. Preparation and filing of any petition, schedules, st</li> <li>c. Representation of the debtor at the meeting of cred</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reaffirmation agreements and applicate 522(f)(2)(A) for avoidance of liens on head</li> </ul> | tatement of affairs and plan whicl<br>litors and confirmation hearing, a<br>preduce to market value; ex-<br>tions as needed; preparation | n may be required;<br>nd any adjourned he<br>emption planning | earings thereof;          | ling of      |
| 6.   | By agreement with the debtor(s), the above-disclosed Representation of the debtors in any of   |  |   | ry proceeding.            |              |
|      |  | CERTIFICATION  |   |                           |              |
| this | I certify that the foregoing is a complete statement of abankruptcy proceeding.  | any agreement or arrangement for   | r payment to me for   | representation of the de  | btor(s) in   |
| ı    | February 27, 2023  | /s/ Jordan L. Ash  | 1   |                           |              |
| Ī    | Date   | Jordan L. Ash Signature of Attorno Ash Law Firm, P 1818 Crane Ridg Suite 100 Jackson, MS 392   | LLC<br>e Drive<br>:16   |                           |              |
|      |  | <u>(601) 981-5600                                    </u>  | -ax: (601) 981-94   | o <b>u</b>                |              |